1	STATE OF MARYLANI
FOR	DEPARTMENT OF HEALTH AND ME
1 - STATE	CERTIFICATE OF DEA

NTAL HYGIENE CERTIFICATE OF DEATH

26201

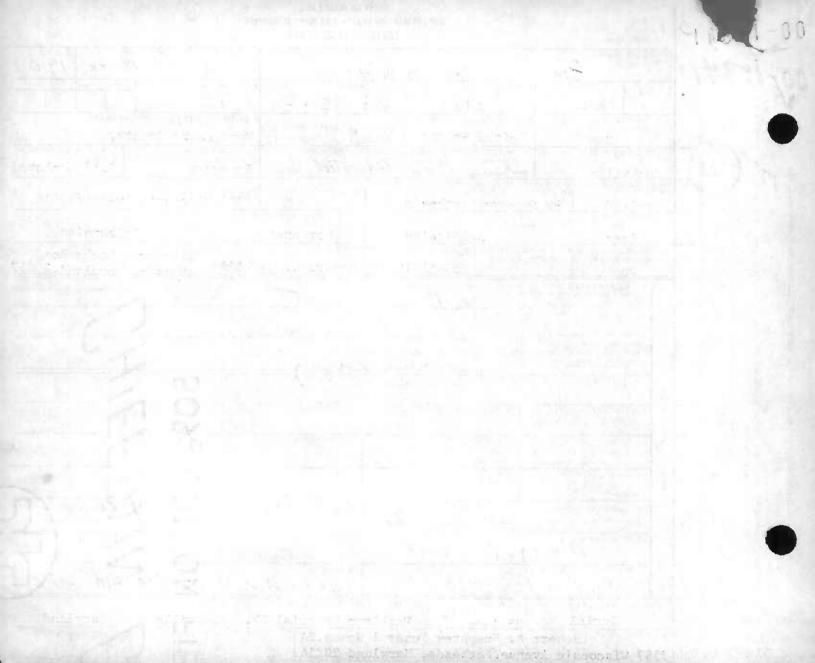
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NO	cause (a), stating the	(c) conge	onsequence of stive hear	t failure & v				yrs
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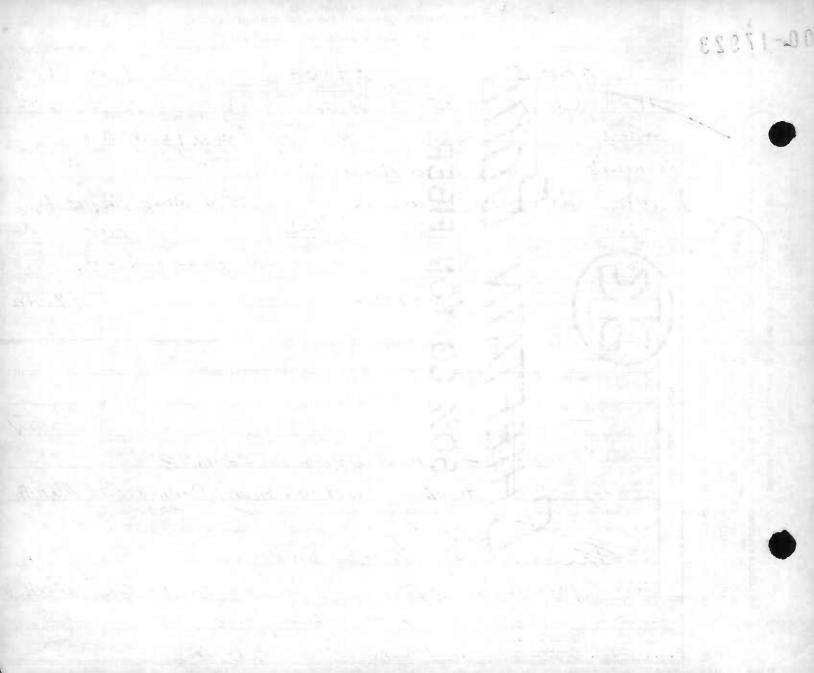
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AND 2120	5	130. S Ma	ryland 1	b. COUNT	THER INSTITUTION Y  SOme Ty	Bethesd	VN	134. INSIDE CITY LIMITS?	13e STREET ADDRES	s consin	Avenue/	20814
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aLTIMORE,  e be execut  cion and ce  ers. Pages 1  1.	, .		VAS DECEASED EVER IN (ES, NO OR UNKNOWN)  NO  18 CAUSE OF DEATH PART I. DEATH WAS	IF YES, GIVE	WAR OR DATES)	166. SOCIAL SEC 085-28-	1286A	Lenore M. Ki	urkjian <sub>Bo</sub>	3 Seve	n Locks Maryla	Road and 20817
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours rather this certificate has been signed by the attending physician and completely filled to state buriel-transit permit. Then please remove carbon papers. Pages I and 2 should the buried that have buried cremation, or removal.		NOI	Conditions, if any, w gove rise to immed cause (a), stating underlying cause	which diote the last.	(b) DUE TO, C	OR AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF AS A CONSEQUENCE OF	JENCE OF	sher malk fleding NOT RELATED TO THE TERM	MINAL DISEASE OR CO	DNDITION GIV	EN IN PART 110	2'
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUSE EXECUTED WITHIN 24 HOUSE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 MEDICAL EXAMINER ALCONG WORDED FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCONG TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BAUTIMORE, MARKILAND, OR REMOVAL.	Z	Sec. Sec. sec.	_		de de	MINAL DISEAS	OK CONDITION GIVEN IN P.	AKI I IG		
PEN	CERTIFICATION	19a. DATE OF OPER	RATION	119h CONDIT	ION FOR WHICH OPE	RATION W	AS PERECIPATED?			Tea AUTOROVA
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O HE OF SO	ŏ	CONTRIBUTING		17 0	9 10 198		AYING IN	FATHT	UZ	
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RE TIE, TE ST.		220 Leastifu that	Ltook charge	of the remains desc	ribed obove, held an	Autap		n D Inquiry		
A S S S E S		death resulted fram			Mariana D				and in my	apinian
A STEE STEELS AND STEE	1	death resulted troi	m: Pygnero	Trouses L	Arcigent LM, S	uicide 🔲	, Homicide L.	Undetermined mi	onner,	
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EUSE< €	23e.B	JRIAL, CREMATION,	REMOVAL 23	b. DATE	23c. NAME OF CE	METERY O	RCREMATORY	23d. LOCATION	C	OUNTY STATE
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25M DHMH - 17	24. FU	NERAL DIRECTOR	Robert	A. Pumph	rey Funera	1 Home	250. DATE	REC'D. BY REGISTRA	R 25b. REGISTRAR"	S SIGNATURE
(VR A15 ME (5))	P.A	., 300 W.	Montgo	omery Ave.	,Rockville	e, Ma	ryland St	P151986	La winas dawn	Con-North-
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STATE OF MARYLAND

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. 04			CEASED NAME FRST				70 DATE OF DEATH MONTH D	AY YEAR 26. HOUR
d sep		1	Cather	<u>ine</u> 1 race	Altere 5. DATE OF B		September 17, 19	86 7:45 M
£ 35	10	1/SE			MONTH	DAY YEAR		ONTHS DAYS HOURS MIN.
- Bo	1%		emale	Caucasian  76 CITIZEN OF WHAT COUNTS	April	1, 1917	9 BALTIMORE CITY OR COUNTY	OF DEATH
1 22	6	γ.	RTHPLACE (STATE OR FOREIGN COUNTRY)	USA	MARRIED X	NEVER MARRIED		OFDEATH
4 53	30		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR		Montgomeny 120. USUAL OCCUPATION	126. KIND OF BUSINESS OR
to to the plant of	W(	Sid	ver Spring	18 NOT IN SUCH EACHLITY, GIVE STE 3943 Wendu Lay			(TYPE OF WORK FOR MOST OF WORKING LIFE	INDUSTRY
7 5 8	21	USU	AL RESIDENCE IN NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)	d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	
1	22		ryland Monte	gomery Silver	Spring	YES NO X	3943 Wendy Jane	20906
(1)11	1	M. F.	THER'S NAME FIRST	MIDDLE LAST	15	MOTHER'S MAIDEN NA	AME	LAST
	20	1	Martin	Drago		Bessie		Slota
9 9	100		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO. 17	INFORMANT	ADDRESS	
9 0 0	1		10	075-10	1-4636 IS	idney Alter	escu Husband Sai	me as 13
ato orta			18 CAUSE OF DEATH (Enter or	ally one cause per line lar (a), (b),	and (c).1	inivatau -	drilare	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
of the state of th	i		PART I. DEATH WAS CAUSE IMMEDIA	D BY: [E CAUSE (o)	ere.	aprilled & S	guerry	inmedial
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de of	during.		Conditions, if ony, which	(b)	w.	racegiresse	o marconare	176.
by the cost of the	other tr		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	OUENCE OF	multiple	nizeloma	2400
urres 1 iigned en ple burio	ury, or	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	N IN PART To
n n has been permit Th	9	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION V	WAS PERFORMED	20a AUTOPSY? 20b. IF YES, IN CERTIFY	WERE FINDINGS USED YING CAUSES OF DEATH?
A The State of the	2	G E	210. ACCIDENT WAS UNDERLYING		2	Tic. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	
CLA.	6	¥	OR CONTRIBUTING CAUSE OF DE.		DAY YEAR			
ding Maria	7	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	2	II LOCATION	CITY OR TOWN	COUNTY STATE
of the state of th	i,	Σ	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFI	CE, FARM ETC )	STREET	in all me	- CC
N 4 4 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Ê			tal) attended the deceased fro	9/9	19.80	2 10 9	1984, that (II (we) last
N 1 0 3 1	-5	ı	saw the deceased alive or	9/16	C37. 1	that in (my) (aur) apinior	death occurred on the date and hour	The state of the s
A 2 2 7 1	E		22b. SIGNATURE	t) view the body after death.	DEC	GREE	/	22c. DATE SIGN
0 4 0 50	2	١.	aneliardt.	delawalle		ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	9/17/06
HOSPITAL med by th FUNERAL clift be det	2 1	1	224. PHYSICIAN'S NAME (TYPE	OR PRINT)	12	22e ADDRESS	M DIRECTOR   PHYSICIAN	111/1-0
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O 5 5 4	3	-	Richard P. De				Street, Silver Sp	oring, Md. 2090
	1		BURIAL, CREMATION, REMOVAL (SPECIFY)			NETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
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DHMH - 16 50M 4	1/83			cis J. Collins			SEP 19 1980 REGIST	AR'S SIGNATURE
(VRA 15, 4)		50	10 University B	lud., W. Silver	Spring,	Md.		

Acceptage September 17, 1985 Tedsolo Caucasian Arist 1-117 LUXERION SHO الريد ريد Silver Syndry 2013 (Budy Lone landend they concern Street Spring I sere there seems 113-14-276 Sidney Actorics on Justicent Lane as 13 Charles English Care Cranting Sep. 17, 1986 Formondian Caractery Alexandria Virginia

300 timber ore the Bland., H. Silver Section, M.

## STATE OF MARYLAND

DEPARTM	MENT OF HEAL			IENE	O		Com	0	ha	i	pilong
	CERTIFICA	IE OF DE	AIH		REG. N	10.					
DLE	LAST			20 DATE OF	DEATH	MONTH	DAY	YEAR	2b. F	IOUR	
1	Alvar	'tz				9	10	86	18	05	AA
	5. DATE OF BI	RTH		6 AGE (INY	EARS LAST B	RTHDAY)	IF UNI	DER I YEA	R IF U	NDER 2	4 HRS
	MONTH 3	Z DAY	91	95		YRS	MONTH	5 DAY	HOU	RS.	MIN.
AT COUNTRY?	8.	NEVED AA		9 BALTIMO	RE CITY	OR COUN	TY OF D	EATH			

	WILLEC		
( STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	
0010		MARRIED L	NEVER MARRIED
Dain	TTC A	WIDOWEDEL	DIVORCED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Montgomery 12b. KIND OF BUSINESS OF (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bank Clerk Ret. Bank

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Manor Care Nursing Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY 13c CITY OR TOWN

White

13d. INSIDE CITY LIMITS?

13e.STREET ADDRESS / ZIP CODE 9501 Milstead Dr

MIDDLE

Del Puerto

MIDDLE Santos 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Montgomery

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)

IMMEDIATE CAUSE

16b SOCIAL SECURITY NO 113-01-0045

Bethesda

Alvarez

17 INFORMANT (son-in-law) ADDRESS

NO [

Regina

15. MOTHER'S MAIDEN NAME

20817 Thomas Deely- 9501 Milstead Drive, Beth.

20817

Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause

ale

pair

FOR - STATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT)

7a. BIRTHPLACE

Wheaton

Mary land

14. FATHER'S NAME

COUNTRY)

10. CITY OR TOWN OF DEATH

ATED TO THE TERMINAL DISEASE OBJEONDITION GIVEN IN PART 110

20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [

21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

LIF EITHER NOTIFY MEDICAL EXAMINER

190 DATE OF OPERATION

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY

211 LOCATION

(ENTER NATURE OF INJURY IN 11EM 18 PART I OR PART 2)

214 IN JURY OCCURRED AT WORK

(AT HOME STREET FACTORY OFFICE FARM ETC.) 22a I certify that (I) (this hospital) attended the deceased from.

CITY OR TOWN

STATE

sow the deceased olive on obove, (1) (validated) (did not) view the body ofter deoth.

DEGREE

DIRECTOR PHYSICIAN

230. BURIAL, CREMATION, REMOVAL

LEWIS N. CAHILL MD 23b. DATE

SYIL WCLOAR ON BETHESDA MP

23 MIAME OF CEMETERY OR CREMATORY CITY OF TOWN COUNTY St. Marys Cemetery Flushing 0ueen

and that in (my inturn) opinion death occurred on the date and hour and from the causes stated

DHM	H	-	16	50	Μ	4/B3
	131	D	A 1	5	41	

24 FUNERAL DIRECTOR Hines/Rinaldi Funeral Home

11800 N.H. Ave., Silver Spring, Md.

9-12-1986

250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME MIDDLE 20. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) ANDERSON MER 4. RACE 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YE AR Male (A)hite 19 BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED United States Pennsvlvania WIDOWED [ DIVORCED X Montgomery County LE CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Holy Cross Hospital Pourer Silver Spring Bronze Co. SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13L COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE New Castle YES X 615 West North Street 16101 Pennsylvania Lawrence 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Wallace Anderson Virginia Marks 11700 Old Columbia Pike 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT HE YES, GIVE WAR OR DATES! Silver Spring, 171-12-3017 Dorothy Webber, MD No 18 CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: NEGRAMA IMMEDIATE CAUSE (o. USTUTE Prostate CAMICBY Conditions, if ony, which gove rise to immediate couse (o), storing the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN AT HOME STREET, FACTORY, OFFICE, FARM ETC 1 WHILE NOT WHILE DIRECTOR PHYSICIAN 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 9-27-86 Graceland Cemetery Burial LawrenceCounty, Pennsylvania 24 FUNERAL DIRECTOR Richard Rapp, Inc 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE HMH - 16 60M 7/84 Street, NW, Washington, DC (VRA 15, 4) 20009

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	er er	~		CEASED NAME FIRST		MIDDLE		AST	26. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR am
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Ê	4		1.1E)		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	HDAY)	FUNDER TYEAR	IF UNDER 24 HRS
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0 4	Special di	1	In	RTHPLACE (STATE OR FOREIGN QUINTRY)		States	8. MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O Montgomer	_		MD.
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24 hour	ould be i	17	DSU/ lan. S	AL RESIDENCE (IF NURSING HOME TATE	OR OTHER INSTITUTIO UNTY	13c. CITY OR TOW Washingto		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 1515 32nd	ZIP CODE Street	(	19999
E/	V: /	27/7/	14. FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA				
WAR A	#1 /	101		Joseph	C.	Herror	1	Anna	M.	1	Not Ava	ilable
OR.	Par V	00		AS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT (Fr:	iend) ADDRE		, 1000	
IMO .	Pag	3	. (	NO (IF YES, 1	A A	579-60-9	9617	Atty. Robert				
ALT,	Der.			18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU		er line for (o), (b), on	d (c).)					MATE INTERVAL DISET AND DEATH
T only	thou man	, seu		PART I. DEATH WAS CAU	SED BY: ATE CAUSE (a)_	Cardiores	pirat	ory Collapse				hours
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¥ 10	100	ŧ		underlying couse lost				& Introthorac	ic Stomach		20 .	vears
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N RECO	han bee r permit	1	TIFICAT	190. DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY? YES NOX	20b. IF YES,	WERE FINDING CAUSES	
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A O	A Part	4	A.	OR CONTRIBUTING CAUSE OF E	LAIN .	P.M.	19					
DIVISION OF VIT	the but	ked or #	MEDICAL	216 INJURY OCCURRED  NOT WHILE AT WORK	21e. PLAC	E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
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E 9	0 27	5		sow the deceased alive obove, (I) (WKKK) (did	August	23. 19	86	nd that in (my) (XXX) opinion	death occurred on the do	ate and hour	ond from the	couses stoted
A	Ned P	ž.		SIGNATURE	not) view the boe	offer death.		DEGREE				
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91	프로#	ŏ		Joseph Nei	ll Keni	nedy/M.	D.	1145 19th	St NW, Was	shing		
0 1	241	3	23a P					EMETERY OR CREMATORY	23d. LOCATION			
016	99	49	(	URIAL, CREMATION, REMOVA	26, 1	986 For	rest F	Hill Cemetery	Glen Elly	n,	Tilino	ois STATE
		- 1	24 FL	INERAL DIRECTOR RODE					TE REC'D. BY REGISTRAR	256 REGISTR	AR'S SIGNAT	URE
	H - 16 60M 7 (VRA 15, 4)	7/84	Р.	A. 7557 Wiscon	sin Ave	nue, Bethe	esda,	Maryland SF			lan Pan	

n n ÷ 1	9377	1.	FOR STATE REGISTRAR		DEPART	MENT OF HEALTH CERTIFICATE	AND MENTAL HY		G. NO.	4.430	am
noy be	poods 1		ORPRINT) FOR	FIRST F. 1	ARNONE	5. DATE OF BIRTH	1	20. DATE OF DEA		21 86 4	HOUR A HUM M JINDER 24 HRS
th. Page 4	72 hours off		MALE RTHPLACE (STATE OR FORE COUNTRY)		OF WHAT COUNTRY	MARRIED AU N	4 2 I	9 BALTIMORE CI	YRS.	Y OF DEATH	URS MIN.
201 ors ofter dea	8 8 8	5	TURC SPEN	NG HOL	SA OF HOSPITAL, NURS N SUCH FACILITY, GIVE STREE	SS Ho	DIVORCED DER INSTITUTION SPITAL	(TYPE OF WORK FOR N	PATION SUPE holsteri	TELL INDUSTRY	MD. USINESS OR
RYLAND 21	Tillian III	130 S Mar		b. COUNTY  ONTOONER INSTITUTE  ONTOONER  MIDDLE	13t. CITY OR TO	prina YES [	SIDE CITY LIMITS?  NO  OTHER'S MAIDEN NA	130.STREET ADDR 1908 Aug	gust Dr		20902
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ST.,	nding physician carbon papers. B. ar remaval.		18 CAUSE OF DEATH ( PART I. DEATH WAS	Enter only one couse CAUSED BY: IMEDIATE CAUSE (a	e per line for (a), (B)	rdie	access			BETWEEN ONSE	nun
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ECORDS, 201	s been signed prior to burio s any injury, a	CERTIFICATION	PART 2, OTHER SIGNIF	itytu (	CONTRIBUTING TO	(2) 10		200 AUTOPSY?	20b. IF YE	S, WERE FINDINGS	USED DEATH?
DIVISION OF VITAL RECORDS,	certificate has viral-transit per ental Hygiene lemans them.		210. ACCIDENT WAS UNDERL OR CONTRIBUTING CAU {IF EITHER NOTIFY MEDICAL	SE OF DEATH HOUF	AE OF INJURY R. A.M. MONTH [ P.M.	DAY YEAR	OW INJURY OCCUR	YES NO	YE	S N	0 🗆
DIVISION	ar attending p After this certi se as the burial- solth and Mento marked as Item	MEDICAL	21d INJURY OCCURRED WHILE NO AT WORK AT WORK	(AT HOM	ACE OF INJURY  NE, STREET, FACTORY, OFFICE		OCATION STREET	CITY	OR TOWN	COUNTY	STATE (i) (we) lost
OR ATTEN	the haspital L DIRECTOR rtached for u e Dept. of He		sow the dispersion obove. (I) the dispersion of	tive on the b	od ofter death.	DEGREE	ATTENDING	MEDICAL _	STAFF	22c. DATES IGH	-
TO HOSPITA	etained by the TO FUNERAL should be detroited by the State with the State		274 PHY <u>SIC14445 HAM</u>	RAVI	1 7 71	M.D.	PHYSICIAN DDRESS	Geos Water	gekia	ve !sti 20902	104
			URIAL, CREMATION, REA	1		NAME OF CEMETER		23d. LOCATION	WN	COUNTY	STATE
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DH	MH - 16 60M 7/B4 (VRA 15, 4)		0 Universit				I SEE	25 1986	المانية	N. G. San	4
		-4	A MININA	In the Village	JALVIL.	The Marie IV	ILL a I				

Short Brown was being her it had been being being Haryeland Montonment Silver Spring a 1961 August Nickon - 2000 SHIDTIN Salvader dans Japan Anj. sus

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

20 DATE OF DEATH

FOR

REGISTRAR

DECEASED NAME

- STATE

(TYPE OR PRINT)

(VRA 15, 4)

100 .97 HT 21 0008

HOLLANDON

0 2 0	1 DE	REGISTRAR CEASED NAME FIRST	WIDDLE		ICATE OF DEATH	REG. NO.	TH DAY YEAR 12h	. HOUR
2 4		OR PRINT)					22. 1986	5 30 A
o e e	1.5E		IFRED S.	BARBEI 5. DATE O		September 2		UNDER 24 HRS
2	1	Female	Caucasian		mber 010 _1898	27		OURS MIN.
16	4	RTHPLACE (STATE OR FOREIGN COUNTRY)  Vew York	76 CITIZEN OF WHAT CO	MARRIE	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH Montgomery		
1	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G	GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION  [TYPE OF WORK FOR MOST OF WOR		
8/L		Ilver Spring ALRESIDENCE (IF NURSING HOME STATE 1136 CO		Court, Si	Lver Spring,	Md. Housewife	At Hom	ie
E	1	Maryland Mon		ortown er Spring	13d. INSIDE CITY LIMITS? YES 🏋 NO 🗌	3104 Verona	Court, S.S.M	ld.2090
A	W F	ATHER'S NAME FIRST Morgan	MIDDLE Stevens	LAST	15. MOTHER'S MAIDEN N	AME	Medgley Mic	dgelly
medicolo		VAS DECEASED EVER IN U.S. A	CIVE WAR OR DATES	IAL SECURITY NO.	17. INFORMANT  Gary B. Mar	ADDRESS ]	11801 Eden R	Road,
er fraun		Conditions, if any, which gave rise to immediate cause (a), stating the	(b)	ONSEQUENCE OF	vselvetos	Hort Dir	en/ 101	rion
sermit. Then please remaye e prior to burial, cremation vs any injury, or ather traum	FICATION	gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CO	ONSEQUENCE OF		IN	. IF YES, WERE FINDINGS CERTIFYING CAUSES OF	DEATH?
n 18 shows any injury, or	AL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, OR AS A CO  (c)  T CONDITIONS CONTRIBUT  196 CONDITION FOR  216. TIME OF INJURY HOUR A.M. MON	ONSEQUENCE OF ING TO DEATH BUT ING TO DEATH BUT ING TO DEATH BUT INTH DAY YEAR	N WAS PERFORMED	20g AUTOPSY? 20b.	D. IF YES, WERE FINDINGS CERTIFYING CAUSES OF YES	S USED F DEATH?
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burial-transit permit. Then pled I Mental Hygiene priar ta burial or frem 18 shaws any injury, or		gove rise to immediate cause (a), stating the underlying couse lost  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI  21d. INJURY OCCURRED WHILE AT WORK  27a. I certify that 1 this has sow the decease glive obove. I well did (did 27b). SIGNATURE  27d. PHYSICIAN'S NAME (TYP)	DUE TO, OR AS A CO  (c)  T CONDITIONS CONTRIBUT  19b CONDITION FOR  19b CONDITION FOR  P.M.  21e. PLACE OF INJURY  (AT HOME. STREET, FACTOR)  Spital) attribute decease.	ONSEQUENCE OF  ING TO DEATH BUT  R WHICH OPERATION  NTH DAY YEAR  19  Y OFFICE, FARM. ETC.)  d from  19  11  11  11  11  11  11  11  11  1	211. LOCATION STREET  211. LOCATION STREET  ATTENDING PHYSICIAN  22e ADDRESS	200 AUTOPSY? 200 IN YES NO PRED (ENTER NATURE OF INJURY IN IT	COUNTY  19 22c. DATE SIGN  Sept. 2	STATE  STATE  (we) los uses stoted  SNED

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MAKTLAND STATE DEPAKTMENT OF MEALTM DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MAINES CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR Fages 1 and 2 hours after death. hours after death funeral 1 and BABY (Type or print) BOY BARRICK 10 IF UNDER 24 HRS. 4 RACE 5. DATE OF BIRTH 3. SEX 6. AGE (th veors IF UNDER 1 YEAR last birthday) MONTHS DAYS HOURS Male White Aug 14, 1986 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH .⊑ USA WIDOWED [ Montgomery DIVORCED requires that the death certificate be executed within 24 filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12h. KIND OF BUSINESS OR give street address INDUSTRYONE during mast at working life, even if retired.) Silver Spring HOLY 130. USUAL RESIDENCE (Where deceased lived, it institution; Residence before at 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First Middle Barrick Hwa. Dann (Unk) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 6306 Ducketts Lane 16b. SOCIAL SECURITY NO. Yes, no or unknown) (If yes give war or dates of service) AElkridge, Md. 21227 Dann Barrick burial, crematian, ar removal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Asphyxia Cause Unknow IMMEDIATE CAUSE (a) signed by the burial-transit p Conditions, if any, which gave ) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) detached far use as the te Dept. af Health prior ta 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO 🗔 **DIRECTOR:** After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) directar, page 3 shauld be detached shauld be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (1) (this hospital) ottended the deceased from Aug 14 . 19 84 to \_, and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceosed olive on\_\_\_\_\_ couses stoted obove (ID (we) (did (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE PHYS. PHYS. DIRECTOR Page 4 may t 22d. PHYSICIAN'S 22e. ADDRESS BRAKLE NAME (Type) HOLY CROSS HOSPITAL OF SILVER SPRING 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) 9/24/86 BREMO (AR (Epecify) Gate of Heaven Cemetery Rockville, Maryland <sup>24. FUNTY SUFFICE Wheeler Funeral Home, Inc. 1331 Rockville Pike Rockville Md. 20852</sup> 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 2 9 1985 30M REV. 1/68

20901

20-17843

ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TESTAINAL DISEASE OR CONDITION GIVEN IN PART TO 70L IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHS VES. 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE fur) opinion death occurred on the date and hour and from the causes stated MPORTANT 23a BURIAL, CREMATION, REMOVAL Cremation Sep 18 1986 Metropolitan Crematory Alexandria
24 FUNERAL DIRECTOR Francis J. Collinguess Jr. 250. Date REC'D. By REGISTRAR 256. DHMH - 16 60M 7/84 Silver Spring. (VRA 15, 4) 500 University Blvd. W.

STATE OF MARYLAND

26. HOUR

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IF UNDER 24 HRS

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IF UNDER 1 YEAR

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	. 85		CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	by be		Milto			verly	September 1	
	tor. poge 3	3. SE		4. RACE	5. DATE	DAY WEAD	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	oge		Male IRTHPLACE (STATE OR FOREIGN	Black 7b. CITIZEN OF WHAT C		y 2, 1909	9 BALTIMORE CITY OR COUN	
	Heoth. F		Md.	USA	MARRIE WIDOW	D NEVER MARRIED DIVORCED	Montgomery	MD.
1201	1	1	ITY OR TOWN OF DEATH	Montgome:	ry General	al Hospital	TYPE OF WORK FOR MOST OF WORKING Animal Care	126. KIND OF BUSINESS OR INDUSTRY NNMC
WD 212	0 10 10	130.	AL RESIDENCE (IF NURSING HOME OR STATE Md. 136 MOT.	other institution, give residence Still	ver spri	H34 INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CO	Grove Rd/20904
NA.		14 F	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME	LAST
MA	PM/S/	1	Robert	Beverly,	Sr.	FIRST DO	ra Stockett	LASI
BALTIMORE	ond cond con Poges	160	WAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES. GIV	5 14/40 OD DATES	CIAL SECURITY NO.	17 INFORMANT	ADDRESS	
TIM	on on o.		No	218	3-12-0534	Edna Bever	ly(wife) same	
	certificote ng physici bon poper removol.		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for	tol, (b), and (c).	1.00		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	n sign Then r to bu	NO	Hepatia	ENCOPPACE		NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION (	SIVEN IN PART 110
DIVISION OF VITAL RECORDS,	The low ration.  Cion.  The hos bee sit permit.  Giene prior  Thousand	CERTIFICATION	190. DATE OF OPERATION		162	N WAS PERFORMED	YES NOTE IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES  NO
OF VIT	ding physicis certificate burial-fronsit Mentol Hygis or them 18 sf		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MC	Y DNTH DAY YEAR 19	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
VISION	of PHYS	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJU (AT HOME, STREET, FACTO	IRY ORY, OFFICE, FARM, ETC }	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
۵	TENDIN tol or OR: Aft or use os or use os		220.1 certify that (I) this hospi sow the decrosed alive on above, (I) (we) (did) (did no			nd that in (my) (our) opinion	to 7 2	, 19 , tho (1) (we) lost
	At OR AT or the hosp to the hosp detoched for them 2		obove, (I) /we) (did) (did no	t) view the body ofter de	oth.	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED 9/13/83
	TO HOSPITAL (cetoined by the TO FUNERAL Is should be detoo with the Store I		<u> </u>	BASS	4.4	39 41 FCV/	ara A. Whe	afon 4d 20906
	F E - V - 3	230	BURIAL, CREMATION, REMOVAL	236 DATE 9-17-86		EMETERY OR CREMATORY	23d. LOCATION	ng; Montg. MD
	BP	24 5	Burial UNERAL DIRECTOR			morial Cem.		
	DHMH - 16 60M 7/84		NAME				EP 1 6 1986	ISTRAR'S SIGNATURE
	(VRA 15, 4)	G	eorge R. Snow	vaen kock	ville, N	ל למפמח לו	[L I 0 1200 ]	A

0-17335	1	FOR STATE REGISTRAR	DEPAR	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 6 6 2	8 6 6 1
0 11000		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b HOUR
y be		DORIS	JEANETTE	BING	9/1/86	3:00pm
ge 4 ma rectar, pc	3. SE	Female	Black	5. DATE OF BIRTH MONTH DAY YEAR 8 18 1936	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1 1 07		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH!
1 /2/6		. Carolina	U.S.A.	WIDOWED DIVORCED	Montgomery	County MD.
WAN	1	ITY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREET)</li> </ol>	NG HOME OR OTHER INSTITUTION (T ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR INDUSTRY
a A A				rk Rd., Gaith. MD	. EEO Officer	Government
Anna San	13a Ma		TY 13c. CITY OR TO	ersburges x NO	13e STREET ADDRESS 404 W. Deer P	ark Road
Murth with d 2 s	14 F.		MIDDLE LAST	15. MOTHER'S MAIDEN NA FIRST	WIDDLE	LAST
mb amb		Hugh	Marrow	· · · · · · · · · · · · · · · · · · ·	te	Webb
MORE nond or Pages	16a \	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC	Va+hlym	ADDRESS	
ALTIM te be e rein o rein. Po	Ur	known	, 577-42	-7236 Marrow 1	2 S.VanDornSt.	
BAI cate cate opper oval. nt, th		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per line for (a), (b), o	nd ic.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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TON ath c ath c n, or matic			DUE TO, OR AS A CONSEOU	JENCE OF		
PRESTC ne deat emave c motion,		Conditions, if any, which gave rise to immediate	(b)			
I W. PRESTON not the death ce by the attending se remove carb I, cremotion, or rother traumatic		cause (a), stating the underlying cause last	DUE TO OR AS A CONSEOL	JENCÉ OF		
201 ss the red b plear		DART 2 OTHER CICALIERCANT	(c)	DEATH BUT NOT RELATED TO THE TERM	Albert Biccacc on Conjustion Con	COLUMN AND A
RDS, ;	Z	PART 2 OTHER SIGNIFICANT C	CONTRIBUTIONS CONTRIBUTIONS IC	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART TIO
L RECOIL no re e low re nas been permit.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \( \bigcap \) NO \( \bigcap \)
DIVISION OF VITAL TTENDING PHYSICIAN: The pital ar attending physician TOR. After this certificate he for use as the burial-transit p of Health and Mental Hygien 21 is marked or Item 18 shaw	E E	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, P	ART I OR PART 2)
OF ICIA B ph ertificial-trinital	¥.	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH [	19		
DIVISION OF VII  DING PHYSICIAN. ar attending physis After this certificat acter this certificat of the differ this more of the mid fry morked or Item 1.8 s	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
VG P atte ter t ter t han	2	AT WORK ON AT WORK	(A) HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	- / /	a /
a do			on) attended the deceased from	11/11/85 , 19		19 6 , that (1) (we) last
		saw the deceased alive on obove, (1) (we) (did), did no	t) view the body after death.	, and that in (my) (our) opinion	death accurred on the date and hou	r and from the couses stated
OR A DIRE		221 SIGNATURE	) 11	DEGREE		22c. DATE SIGNED
Y the Y the deta deta att [ H. H.			over !	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	9/2/86
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O HOSPITAL OR A etoined by the hosy TO FUNERAL DIRECTOR Should be detached with the State Dept.		DANIEZ KO	SENBLUM, M	1-D. 10400 Can	IN WE, KEN	512670115
75 5 5 4 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP	_	BURIAL	9-7-1986	CHURCH CEMETERY	HENDERSON	
DHMH - 16 60M 1/75	24. F	UNERAL DIRECTOR	ADDRESS		TE REC'D, BY REGISTRAR 251. REGIST	RAR'S SIGNATURE
(VR A 15 (4))		JOHNSON & JENK	INS 716 Kennedy	St. N.W. Wash SE	P 8 1900 Primare	The follows . A

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00-11325	1.	STATE REGISTRAR		ME	DICAL	EXAMIN	ER'S C	ERTIFI	CATEO	F DEA	TH	REG. NO	0.			
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WY, PLEASE DIRECTOR. OUR FILES. TY HOURS	3. SE	EMALE	4 PACE	S. DATE OF BIRTH	YEAR	6 AGE (IN YEA	RS IF UN	DER I YR.	IF UNDER		2r. DATE	CED	MONTH	DAY	YEAR	2d HOUR 5:45A
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L RECORDS, 201 ULD BE EXECUTE "PENDING" IN F. MEDICAL EX- F. MEDICAL EX- HEALTH AND M.L. CREMATION L.		PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10														
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OF VITAL RE EWORD. PE THE CHIEF M TO BE USED A TO BURIAL, O	CERTIFICATION														s 🗶	NO 🗌
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ATE, ORV, VD, VD, VD, VD, VD, VD, VD, VD, VD, V		22a   certif	y that I took charg	ge of the remains des	cribed abo	ove, held on	Autop	sy X.	Inspection		Inquiry	. on	nd in my op	pinion		
MIN IFICAL PER		death resulte	d from: Notu	ral causes X.	Accident	, Sui	ide 🗌	, Homi	icide .	Undete	rmined moi	nner .				
EXAMI CERTIFIC BE DIRECTOR WARYL	1	ACTUAL	11	1	7			` .	SPECIFY)				DATE			
SHSEE NO	5	SIGNATURE_	4		~	_	M	D.ASSI	istant	MEDI	CALEXAM	NER	SIGNE	<sub>D</sub> 9	/8/8	<u> </u>
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFFER DEATH, WITH THE STER DEATH, WITH THE STER DEATH, WITH THE STER DEATH OF TH	1	EXAMINER'S N	NAME Wi	lliam M.	Zane,	M.D.		ADDRESS_	111 P	enn s	St. I	Balto.	.MD.			
52 4 5 A 8 A	23a. B	URIAL, CREMAT	ION, REMOVAL			NAME OF CEM	ETERY O	R CREMAT	ORY	23d. LO	CATION		COU	NTY	STA	F
07/84 BP		BURIAL		SEPT.10,1	986	PARKWO	OD C	EMETE		BAI	TIMOR		LTIM	ORE	MD.	
25M DHMH - 17		NAME		ADDRESS					250. DATE R			25b REGI	ISTRAR'S S	GNATU	RE	3 - 12
(VR A15 ME (5))	F	RANCIS	H. BARBE	R LAYTON	SVILI	E, MD.	208	79	SEE	10	1986		700	- 73	mode 69	

19196	1	FOR STATE REGISTRAR	DEPAR		HEALTH AND MENTAL I	REG. NO.	2024
eath 3		CEASED NAME FIRST ROSE	Mary		ast Blick	20. DATE OF DEATH MONTH Sept.	22 1986 4:55P AA
ige 4 may be rector, page 3 urs after death	3 SE	Female	4 RACE White	S. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)  1 94 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
death. Po		IRTHPLACE (STATE OR FOREIGN COUNTRY) Nebraska	76 CITIZEN OF WHAT COUNTR USA	WIDOW		Montgomery	MD.
by the filled with	S	ilver Spring	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE 1617 Oaklawn	et ADDRESS) Court		(TYPE OF WORK FOR MOST OF WORKING  Homemaker	12b. KIND OF BUSINESS OR INDUSTRY  OWN home
AND 21 hau 24 hau	13a. Ma		NTY 136 CITY OR TO Somery Silver S	WN	13d. INSIDE CITY LIMITS YES 🖟 NO 🗌	1617 Oaklawn C	
ored with	1	Joseph	MIDDLE Geris		15. MOTHER'S MAIDEN FIRST Rose	MAME Mary ADDRESS	Campbe 11
be exected the property of the	160	N/A N	/A 577-40-1	791	Samuel S. B.	lick-husband-(sam	
ST., BA			nly one couse per line for 101, (b), ED BY: TE CAUSE (0)	Lioc	aves (		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2/180  NG PHYSICIAN. The law requires that the death certificate be executed within 24 hours cattending physician.  Item this certificate has been signed by the attending physician and corrulate in the first has been signed by the attending physician and corrulate in the first has build strongly permit. Then please remove carbon papers from I and I have the filth and Mental Hygene prior to buriol, cremation, or removal.  arked or them 18 shown any injury, or other traumatic event, to mindion the month of		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEC	enter!	de Heord Perkus	France.	
RECORDS, 2 Ilaw requires Is been signe Remit. Then per prior to burn A ony injury.	CERTIFICATION	PART 2. OTHER SIGNIFICANT (	196 CONDITION FOR WHIC			IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
OF VITAL ICIAN; The g physician entificate hid-transit p inital Hygier from 18 shaws		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCC	YES NO X	YES NO 8 PART T OR PART 2)
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ATTENDIS aspital or ECTOR: A d for use of the alim 21 is ma		sow the deceased alive on	ital) attended the deceased from 9 - 13 19 it) view the body after death.	\$€ .	nd that in (my) (out) opin	to Sept 22 on death accurred on the date and h	
by the h ERAL DIR ERAL DIR State Dep		22d PHYSICIAN S, NAME (TYPE O	Man	or U	ATTENDING PHYSICIAN	G MEDICAL STAFF DIRECTOR PHYSICIAN	9/23/86
TO HOSPITAL (retained by the TO FUNERAL Is should be detained with the State I	730	Robert Kram	er, MD	NAME OF		rgia Avenue, Silv	er Spring, Md.
BP		(SPECIFY) Burial	9-26-1986 Ga	te of	Heaven Ceme	tery Síľver Sprin	
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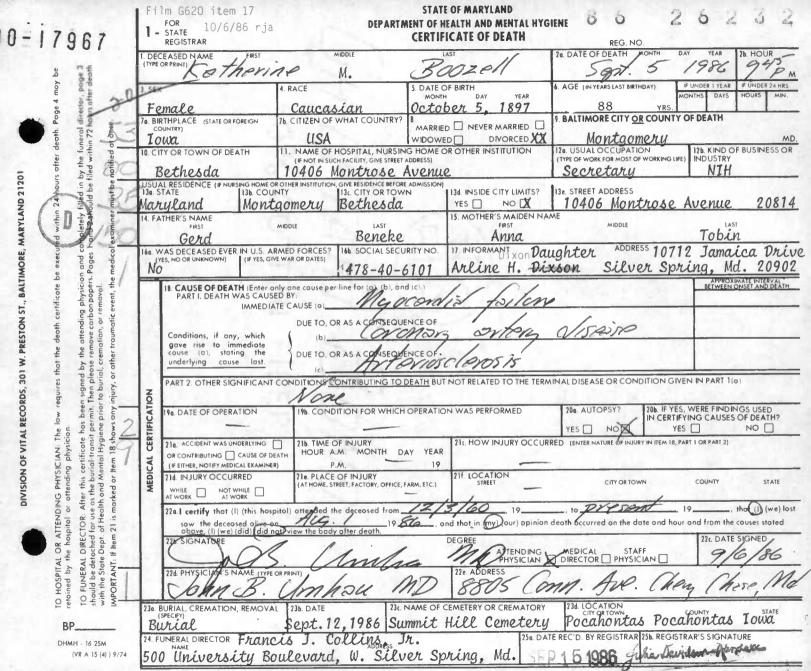
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	de de	- 1	3. SEX			RACE		5. DATE C	LE BIDTU	- 1	AGE (IN YEARS LAST BIRTHDAY)	JE UMP		UNDER 24 HRS
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Ö	e do o e	~			( IF YES, GIVE	WAR OR DATES)	F77 46 6	470			1010			
₹	9 E	1		10			577-46-6	4/9	Margaret	Page	4813 Illinoi	s Ave	Wash	D.C.
BALTIMORE, MARYLAND 2120	the sicion	1		18 CAUSE OF DEATH	(Enter only	v one couse de	line for (1) (b), an	dicis /			1111-11-	0/	APPROXIMAT	E INJERVAL
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	signe hen p to bu	- 1	2	, E. O E. O		55, ., <u>c</u>	0.41110011110	001			ALDIDENCE ON CONDINIO			
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	OR ATTENIOR bisection of hospital DIRECTOR: ached for us Dept. of Hem 21 is:	- 1		saw the deceased	alive on_	0116	11+100	. 01	nd that in (my) (out) a	pinion de	oth occurred on the date or	nd hour and	from the cau	ses stated
4	R ATT hospin RECT hed fo ept. of tem 2	- 1		above, (I) (We) (die	d+(did not)	view the holds	gittel pigotir.	7	DEGREE			- 11	C DATERIO	weed /
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		- 1	-	1/1/2.	1	11/11	7		ATTEND	CIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN		7/10	110
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	5 € 5 € 3 <b>₹</b> -		23a B	URIAL, CREMATION, RI	EMOVAI	23b. DATE	23c.	NAME OF C	EMETERY OR CREMA	TORY	23d. LOCATION			
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49	9 DHMH - 16 50M 4/83			NERAL DIRECTOR						250 DATE	REGYD, BY REGISTRAR 256. F	tEGISTRAR'S	SIGNATURE	i
//	(VRA 15, 4)		Mc G	duire Funer	al Se	rvice :	7400 Geor	gia A	vep.c.	TET	20 100			
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0-12010	1-	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENT. CERTIFICATE OF DEAT		6 2 3 3
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moy , pog	3. SEX		4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
rector	1	Male	Cauc.		899 87 YRS.	
a ba is	CC	THPLACE ISTATE OF FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8 MARRIED NEVER MARRI	BALTIMORE CITY OR COUN	TY OF DEATH
18 120		SS.	USA	WIDOWED DIVORCE		County MD.
5 号光		ockville	(IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTE STREET ADDRESS) Od Nrsg. Center	(TYPE OF WORK FOR MOST OF WORKING	HEEL INDUSTRIA 1 1 100
in 24 ho should be er must be	USU A 13a S	IL RESIDENCE (IF NURSING HOME OF TATE 136 COUT Md. Monto	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION) TOWN 13d. INSIDE CITY LIA DETSDURGYES 1 NO 1	AITS? I3e STREET ADDRESS  76 Deer Park	
executed with ond complete!	16a W	AS DECEASED EVER IN U.S. AR	E WAR OR DATES)	15. MOTHER'S MAIL FRST  F11a  SECURITY NO. 17. INFORMANT	F - W	niting
ing bon popels bon popels r removol. ic event, the		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b	o), ond (c1.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ponpop removo : event,			TE CAUSE (o) Caro	liac arrest		immediate
equires that the death is signed by the otte-direction please remove corbito burial, cremation, or injury, or other traumatic	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTING	gallblac EOUENCE OF	der cancer	longstandin
icion.  The low re sicion.  It hos been nsit permit. I ygiene prior shows ony ii	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED (IFYING CAUSES OF DEATH? (ES \( \sum \) NO \( \sum \)
G PHYSICIAN: The le		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH		OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	, PART 1 OR PART 2)
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TOR: for us of He			tol) ottended the deceosed for 9/19  Note with the body ofter death.	19 <u>86</u> , and that in (my) (our) o	86 , to 9/21 opinion death occurred on the date and he	
ITAL OR A yy the hosy RAL DIREC detoched tote Dept. NT: If them		226. SIGNATURE	hot5		CIAN DIRECTOR PHYSICIAN	220. DATE SIGNED
TO HOSPITAL Cretoined by the TO FUNERAL Dishould be detected with the Stote DIMPORTANT: If		226 PHYSICIAN'S NAME (TYPE OF PAUL K	reftinz ,M.E		Medical Park Driv	Silver Sprg Md.
== = =	23a B	URIAL, CREMATION, REMOVAL PECIFY) DURIAL		23c NAME OF CEMETERY OR CREMA	ATORY 23d LOCATION CITY OR TOWN	COUNTY STATE
IMH-16 60M 1/73			9/25/86	Blandford	Petersburg 25a. DATE REC'D. BY REGISTRAR 25b. REGIS	
VR A 15 (4))		NERAL DIRECTOR NAME . T. Morris	103 S. Ad	ams St. Petersburg,	SEP 23 1986 Julian	Davideo - 1 - 1000 to

FOR

REGISTRAR

DECEASED NAME

1 - STATE

(VRA 15, 4)

12h. KIND OF BUSINESS OR 120 USUAL OCCUPATION NBUSTIVate 13e STREET ADDRESS / ZIP CODE 8722 Manchester Road, 20901 8420s Manchester Rd.apt 577-40-205\$ Mary Ann Hutton Sil. Spr. Md. 20901 24 Kours Coltrisselliste Voscular decina PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (pun) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN EATOW MARKEAND 20806 Smithfield. Wash, D. C. S St . N . No DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH

2h HOUR

IF UNDER 24 HRS

IF UNDER I YEAR

LAST

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(VRA 15, 4)

/	- STATE REGISTRAR	24.7	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO		
	ECEASED NAME FIRST	WIDGLE	LAST	20. DATE OF DEATH	NONTH DAY YEAR	26 HOUR
		SBETH DNAS BROTMA	AN	SEPTEMBER	1 1986	9:30
3. SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEA	R IF UNDER 24
	FEMALE	CAUCASIAN	NOVEMBER 14 1923	62	YRS. DAY	S HOURS
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED XNEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
/	ERMANY	UNITED STATES	WIDOWED DIVORCED	MONTGOME	RY	
10. C	CITY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATIO	IN THE	OF BUSINESS
/	BETHESDA	NAVAL HOST		SALES	WORKING LIFE) INDUSIN	ress
		R OTHER INSTITUTION, GIVE RESIDENCE SEFORE	ADMISSION)			
/ 6	1.00. 0.00		SPRING YES NOX	3112 HELSE		20906
	ATHER'S NAME		15. MOTHER'S MAIDEN NA			
00	LOUIS JON	MIDDLE LAST	FIRST	MIDDLE TA DISCUSSETM		AST
	WAS DECEASED EVER IN U.S. A			LLA BUCHHEIM ADDRES		
	(YES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES)		MAN 2112 HET	CET DRIVE	TTTTT
′ =	NO TEL	091-22-8				
	PART I. DEATH WAS CAUS	nly ane cause per line far (a), (b), and ED BY:	SPRING, M	20906	BETWEE	NUMBET AND DE
0	IMMEDIA	TE CAUSE (a) METASTA.	TIC GASTRIC CANCER			
		DUE TO, OR AS A CONSEQUE	NCE OF			
	Canditions, if any, which	(b)				
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF			
		(c)				
Z Inv.	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART	l(a
c 0						
ATIO	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND	INGS USED
TIFICATIO	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		IN CERTIFYING CAUSE	DINGS USED
S shows only in	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCURE	YES NO 🔯	IN CERTIFYING CAUSE YES	DINGS USED ES OF DEATH?
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00-20026	1 - STATE REGISTRAR  STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REG. NO.	241
20026	Bulas 20. DATE OF DEATH MONTH DAY YEAR SEPT. 30 198	16 8:15 AM
	FEMALE  S. DATE OF BIRTH  MONTH  DAY  YEAR  Caucasian  Caucasian  S. DATE OF BIRTH  MONTH  DAY  YEAR  BY  NONTH  DAY  YEAR  RS.  87  YRS.	
merol die	Washington, D.C. USA  The Citizen of What Country?  Washington, D.C. USA  WIDOWED DIVORCED DI	MD.
1	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  120. USUAL OCCUPATION  1179E OF WORK FOR MOST OF WORKING LIFE) INDUST  110. CITY OR TOWN OF DEATH  111. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  1120. USUAL OCCUPATION  1120. LIVE OF WORK FOR MOST OF WORKING LIFE) INDUST	D OF BUSINESS OR
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MARRY DE CONTRACTOR	14. FATHER'S NAME FIRST  Joseph Bullas  15. MOTHER'S MAIDEN NAME FIRST Nettie  ROU	ındtree
TIMORE,	166 WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO.   17. INFORMANT E. Wayne Roundtree P.O. Box 55 No N/A 578 70 0833	
that the death advantage of the control of the attending physical events are activated to the control of the co	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	ROXMATE INTERVAL FEN ONSET AND DEATH  REMARKS  R
TAL RECORDS. 2  Con A Boar require con. The low require to be seen significant. Then proposed person to be seen to be see	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  YES	1DINGS USED
ON OF VIT.	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  210 INJURY OCCURRED  411 LOCATION	
DIVISION TENDENCE PROPERTY OF A Minu 19 for use at the of Health and 21 is marked	720 1 certify that (1) has based as a speed and 10 and that it are (aur) apprior death accurred on the date and hour and from	_, that (we) last
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D = 0 = 3	230. BURIAL, CREMATION, REMOVAL OCT. 3,1986 Congressional Cemetery CITY OR TOWN Washington,	D.C. STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTORIVES-Pearson Funeral Homes Arlington, Va. 22201	TAPORE

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CERTIFICATE #86-26242

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hearth. Fo	3	RTHPLACE (STATE OR FOREIGN COUNTRY) Wiss.	u.s.		MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	Montgo	_	NTY OF DEATH	MD.
The state of the s	S	ilver Spring	Holy	Cross Hos	pital	R OTHER INSTITUTION	HOUSEWALD	CCUPATION ORMOST OF WORKIN	12b. KIND : INDUSTRY HOUS	of business or ewife
AND ZA hou	M		e or other institution DUNTY ntgomery	Silver S	pring			Prissú zbr	ive 2	0901
1 330		THER'S NAME Frank	MIDDLE	Ellern		15. MOTHER'S MAIDEN NAM Augusta		MIDDLE	Crus	ě
MOKE e exect n and c Pages	(	VAS DECEASED EVER IN U.S. (ES, NO OR UNKNOWN) (IF YES)	ARMED FORCES?	437-78-3		17. INFORMANT  Maudenua Zir	aha san	ADDRESS	2	
DS, 201 W. PRESTON S  quires that the death cer ingred by the attending than please remove carbo than please removien, or re	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	(b)	PR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	VINAL DISEASE	or condition	GIVEN IN PART 1	10
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(VRA 15, 4)		500 University	Blud. We	est, Silve	er Sp	ring, Md. S	SEP 18	1986	- Jan de	- Al-year

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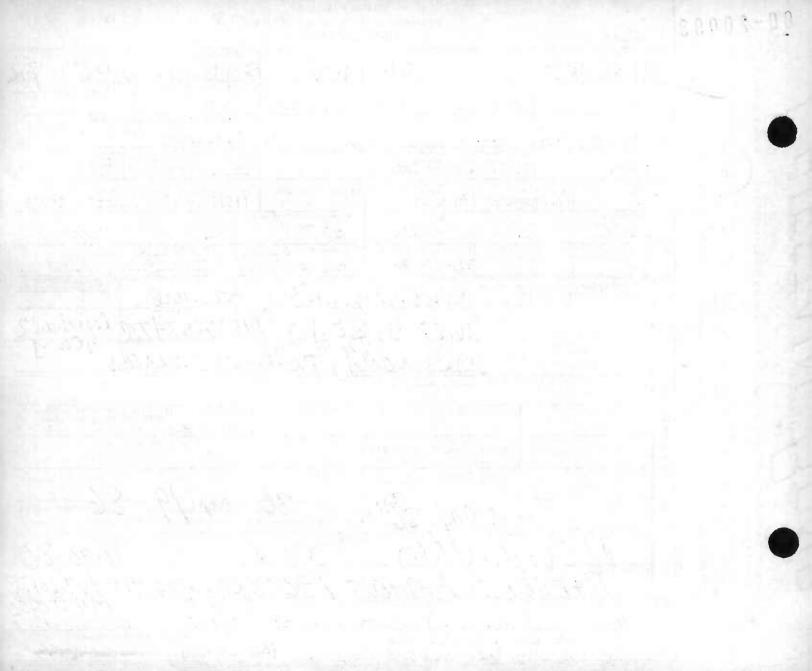
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6	FOR - STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTA  CERTIFICATE OF DEATH		Ting they
	DECEASED NAME FIRST	MIDDLE LAST	26. DATE OF DEATH MONTH DAY Y	EAR 2b. HOUR
	LLC	OYD DALE CAMPBELL	SEPTEMBER 11 1986	2:00
3. 5	SEX	4. RACE 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER	DAYS HOURS MI
15.1	MALE	CAUCASIAN AUGUST 8 1918	68 YRS.	NOOKS M
10	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED AND NEVER MARRIE	9 BALTIMORE CITY OR COUNTY OF DEA	тн
21	ILLINOIS	UNITED STATES WIDOWED DIVORCE	□ □ MONTGOMERY	
707	CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTIO	N 12a USUAL OCCUPATION 12b. K (TYPE OF WORK FOR MOST OF WORKING LIFE) INDU	IND OF BUSINESS
-	BETHESDA	NAVAL HOSPITAL		S.A.F.
V	STATE 131 COU	INGTON ARLINGTON YES NO	1335 So. COLUMBUS S	TREET 2
40 X	FIRST	MIDDLE LAST 15. MOTHER'S MAID	EN NAME MIDDLE	LAST
20		ST CAMPBELL CA	ATHERINE DALLMAN	
§ 16a	WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)	ADDRESS	
	YES 1940	0-1961   327-01-2738   SARA CAMPI	BELL, 1335 SO. COLUMBUS ST	REET,
ny injury, or other trou		(b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITION GIVEN IN PA	
B sport pry		The control of the co	YES NOTY YES T	USES OF DEATH?
THE LAB IN	OR CONTRIBUTING TO CAUSE OF DE	ATH HOUR A.M. MONTH DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PA	RT 2)
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p. X	MHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET	CITY ON TOWN COON	STATE
e State Dept. of Health	22a. I certify that XXthis hasp		pinian death accurred on the date and hour and froi 22c.	5_, that the (we me the causes state) DATE SIGNED
MPORTA	R. P. DOLAN,	LT, MC, USNR BE	THESDA, MD 20814-5011	
230	BURIAL CREMATION, REMOVAL (SPECIFBURIAL)	236 DATE SEPT. 13 236 NAME OF CEMETERY OR CREMA COLUMBIA GARDENS	CITY OR TOWN COUNTY	STATE
24	FUNERAL DIRECTOR IVES	Total Control	S CEMETERY ARLINGTON, V So DATE REC'D. BY REGISTRAR'S SIG	LKGINIA
7/64	NAME ARI	CINGTON, VINERALA HOMES	SEP.22 1986	STATIONE, SALE

0-20093	1 -	FOR STATE REGISTRAR		DEPAR	TMENT OF H	OF MARYLAND ALTH AND MENTAL H CATE OF DEATH	YGIENE	6 6 REG. NO.	262	4
thoy be the december the decemb	. SE.	CEASED NAME FIRST	4 RACE		CAR S. DATE O		Se 6. AGE			15 HOUR S HRS
directo Oper A		emale RTHPLACE (STATE OR FOREIGN	Caucasa 7b CITIZEN OF	ian What country	Noven	ber 16, 191	0 BAL	66	YRS. MONTHS DATS	HOURS MIN.
decit.	Wa	ishington, D.C.	u.s.	.A.	WIDOWE	DIVORCED [	_ M	ontgomeri	1	MD.
(1100	W	ieaton	11911 1	vanhoe.	Street	ROTHER INSTITUTION	(TYPE O	ec. Secre	ORKING LIFE) INDUSTRY	F BUSINESS OR
7 11 3	130.	AL RESIDENCE (IF NURSING MOME OF 13b. COU MONA	prother institution inty	131 CITY OR TO Wheator	WN 1	13d INSIDE CITY LIMITS?	13e STR	REET ADDRESS / Z	rip code	20902
and within	14 FA	rther's Name Richard	MIDDLE E.	wh	ite	15. MOTHER'S MAIDEN P Ruby FIRST	NAME	E. MIDDLE	Tice	t
n and co		VAS DECEASED EVER IN U.S. A VES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	577-05-		17 INFORMANT Si Mary Coppi		1620°Ne Silver	celey Road Spring, Md.	
requires that the death ce em signed by the attending in Their please remarken, or to to to turnol, cremation, or or y injury, or other froumatic	ON There		(c) (CONDITIONS CO		O DEATH BUT	READ PRI NOT RELATED TO THE TE			ATION ROSS KNOWN TION GIVEN IN PART 110	than 2
4. The for- recon one hos to onut perm tygiene p.	CERTIFICATI	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY		21c. HOW INJURY OCC	YES	□ NO K	YES	OF DEATH?
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O HOSPITAL OR - shartled by the ho TO FUNERAL DIRE with hould be detached with the Store Dept. We have a shartled by the store Dept. We have been the store Dept.		226 SIGNATURE	TEL 1	affel I. MA	THE	ATTENDING PHYSICIAN  22e ADDRESS  C / 30/	180	Jergn	9 Ave N	SIGNED D-86 Healt
BP	(	BURIAL, CREMATION, REMOVA SPECIFY) BUrial	Oct.	3, 86 1	Parklau	METERY OR CREMATOR  N Cemetery		LOCATION CITY OF TOWN ROCKVILLE		
DHMH - 16 60M 7/B4 (VRA 15, 4)		INERAL DIRECTOR Fran NAME Fran O University B	cis J. C Slud. Wes				DATE REC'D	BY REGISTRAR 25E	REGISTRAR'S SIGNAT	



and Mentol Hygiene prior to

DHMH - 16 60M 7/84

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR			DEP	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  REG. NO.							
			orie		nn		tlett	20. DATE OF DE Sept		1, 1986	26. HOUR 11:55 <sup>P</sup> <sub>M</sub>		
	1-5E)		4. 1	RACE		5. DATE C		6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS		
H		Female		Whit	e	Decei	mber 26,1926		YR				
1		RTHPLACE (STATE OR FOR	EIGN 7b.	CITIZEN OF V	WHAT COUN	TRY? 8	NEVER MARRIED			NTY OF DEATH			
		MISSOURI	-1	U.S.		WIDOWE			MONTGOMERY CO.				
1	В	Bethesda		NIH, T	he Cli	nical Co	enter institution	120 USUAL OCC (TYPE OF WORK FO HOMEM	MOST OF WORKIN	G LIFE) INDUSTRY	HOME		
2	30. S		HOME OR OTH COUNTY MONTGO		Black	TOWN	13d INSIDECITY LIMITS	221 Cr	RESS / ZIP CO		4060		
d	I IL FA	ATHER'S NAME	MID	DLE	LAST		15. MOTHER'S MAIDEN		IDDLE	LAS	ī		
d	7	GUY			AUL		ZORA			MOFFETT			
2		VAS DECEASED EVER IN	U.S. ARME			SECURITY NO	17. INFORMANT		ADDRESS				
		NO			490-2	4-4085		me as #13					
		18 CAUSE OF DEATH LEnter only one couse per line for (a), (b), and ical PART I. DEATH WAS CAUSED BY:    IMMEDIATE CAUSE (a) PULMONARY EDEMA    DUE TO, OR AS A CONSEQUENCE OF BONE MARROW REPLACEMENT    Conditions, if any, which (b) MULTIPLE DUODENAL ULCERS, ESOPHAGITIS											
		gove rise to immedicate (a), stating underlying couse	the lost	(c) <u>D</u>	IFFUSE		CYTIC LYMPHO		CONDITION	CIVEN IN PART 1			
/	CERTIFICATION	190 DATE OF OPERATIO					N WAS PERFORMED	200 AUTOPS	Y? 20b. IF	YES, WERE FINDIR	NGS USED		
	IFIC,	THE DATE OF CHAPTE		170. CO. 10.					o∏ IN CE	RTIFYING CAUSES YES X	OF DEATH?		
<i>j</i>		216. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	USE OF DEATH	21b. TIME O HOUR A.I	M. MONTH	DAY YEAR	21c. HOW INJURY OCC						
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK			EET, FACTORY, OF	FFICE FARM, ETC )	211 LOCATION STREET		TY OR TOWN	COUNTY	STATE		
		220.1 certify that (the saw the deceased above, (Mwe) (did	olive on	Senter	ber 11	J9 <u>86</u> . o	uary 11, 19 { nd that in (XX (our) opin	36, to Sept	ember 1 n the dote and	1. 19 <u>86</u> , hour and from the	that (K(we) lost couses stated		
,		22b. SIGNATURE DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									186		
		22d PHYSICIAN'S NAM	L CO	HN	m	)	Rockville		hesda.		h, 9000 20892		
		BURIAL, CREMATION, RE		23b. DATE	086		CEMETERY OR CREMATO	CITY OR	RDALE.	P.G.C.	STATE		
	74 FI	CREMATION UNERAL DIRECTOR	OIN	9-13-1	.900		RS CREMATOR	DATE REC'D. BY REG			Md.		
			ERS CO	O. INC.	SILVE	ER SPRIN		SEP 16	138 4	المنابات المالية	and the same		

A CONTRACT OF THE PROPERTY OF

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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		REGISTRAR				CERTII	ICAIL OI	LAIN		REG. N	0.				
	1. DEG	CEASED NAME	FIRST		MIDDLE	L	.AST		20. DATE OF	DEATH	MONTH	DAY Y	EAR	2b. HOUR	₹
	11	OK PRIMI)	Rache	l H	lelena	Cha	amow		Ана	25	1986			11.1	154
	3 SEX	X		4 RACE	/	5. DATE C	OF BIRTH	YEAR	6 AGE IN YE			IF UNDER		IF UNDER 24	4 HRS
		Female		White	2	8	25	86	<u> </u>		YRS	MONTHS	DAYS		MIN. 15
		RTHPLACE (STATE O	OR FOREIGN	16. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER	MARRIED 5	9 BALTIMOR	RE CITY C	<u>PR</u> COUN	TY OF DEA	TH		
2		MD		1		WIDOWE	D D	vorced 🔲	Mont						MD.
/	1	ity or town of i koma Par		(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET 19ton Advi	ADDRESS)			120 USUAL C (TYPE OF WORK					F BUSINES	SOR
5	13a S	MD	138 COUN	other institution ity	GIVE RESIDENCE BEFOR 134 CITY OR TOW Bethesda	'N	13d INSIDE C	NO 🗌	13e STREET A 4528		h Che	lsea	27 Tan	18/	4
1	14 FA	Steven	1	lark	Chamow			S MAIDEN NA/ FIRST ith	ME Le	WIDDIE		Adaek	LASI	1	
1		VAS DECEASED EV		MED FORCES? WAR OR DATES)	166 SOCIAL SECL	PRITY NO.	17_INFORM	INT		ADDR	ESS		٦,	al low	
	NO	Conditions, if a gave rise to cause (a), st underlying ca	inny, which immediate oting the use last	DUE TO, O	R AS A CONSEQUI	ENCE OF		on via			IDITION G	GIVEN IN PA	ART 1(c		
T	CERTIFICATION	190 DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTO	PSY?	IN CER	'ES, WERE TIFYING CA			
7		21a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY M	CAUSE OF DEA	O D	DE INJURY M. MONTH D. M.	AY YEAR	21c. HOW IN	JURY OCCURE					ART 2)	NO []	
	MEDICAL	21d. INJURY OCC	T WHILE		OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC.)	21f LOCATION STREET	NC		CITY OR TO	WN	COUN	TY	STAT	TE
	f	sow the deci	eosed olive on		e deceased fram_ 19_ ofter death.	or	nd that in (my DEGREE	(aur) apinion (	death accurred		late and h		m the		,
7	23a. B	22d PHYSICIAN'S	NAME (TYPE O	R PRINT)		NAME OF C		1	MEDICAL DIRECTOR [	TION		COUNTY		STATE	· F
	(3	SPECIFY)	-						CHTOR	LOAMA		COUNTY		317	4.8

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

MAPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

24 FUNERAL DIRECTOR NAME

FOR - STATE

ADDRESS

DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE SEP 3 0 1986 Julia Troise 1

Division:

ent of world from the Delivery

11800 N.H. Ave.,

Silver Spring, Md.

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Hines/Rinaldi Funeral Home

212	1.	FOR STATE REGISTRAR			DEI		OF HEALTH	AND MENTAL OF DEATH	HYGIEN		REG. NO.	6	20	۵ 3
eath eath		CENOLD ITALIE	PIRST		MIDDLE	CL	ARKI	5	20.	DATE OF DE	ATH MO		) S6	26 HOUR 6 45 A
o water	3. SE			RACE CA-U		5. 0	_	2 OG		AGE (IN YEAR			IF UNDER I YEAR	HOURS MIN.
135		IRTHPLACE (STATE OR FOR COUNTRY)	REIGN 71	CITIZEN OF	WHAT COU	M	1/1/-	VER MARRIED DIVORCED	9 F	BALTIMORE	city <u>or</u> c	OUNTY		
X	1	ity or town of death		(IF NOT IN SUC	H FACILITY, GIVE	E STREET ADDRE	ome or other	RINSTITUTION	(TY	USUAL OC	CUPATION RMOST OF WO		126 KIND	
1	115.03	AL RESIDENCE (IF NURSING	SHOME OR O	THER INSTITUTION.	136 CITY OF	e before admi	SION	IDE CITY LIMIT	S?  13e	STREET ADI 2318 H	DRESS / ZI			ewife
157	I4. F	ATHER'S NAME FIRST William		DDLE R.	t A		_	HER'S MAIDEN	NAME		IDDLE	age	L	2090! AST INPU
- Pages		WAS DECEASED EVER IN			166. SOCIAI	L SECURITY		cothy V		274 Lu Con	OPN.W	. 10	6th Au	e.
hen please remave of ta burial, crematian, ijury, or ather traum	NO	Conditions, if ony, we gove rise to immed couse (io), stating underlying couse	diate the last	DUE TO, OI	R AS A SON	RKIN SEOUENCE REB	SONS POVAS	CUL AF	2 1	SISEA		ON GIVI	EN IN PART I	10
iene prior	CERTIFICATION	190 DATE OF OPERATIO	N	196. CONDI	TION FOR W	VHICH OPEI	RATION WAS P	ERFORMED		YES N	Y? 20	b. IF YES I CERTIFY YES		INGS USED S OF DEATH?
ental Hygintem 18 sh	MEDICAL CER	71a. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	USE OF DEATH	216. TIME O HOUR A.	M MONTI	H DAY	21c. HC /EAR	W INJURY OC	CURRED	(ENTER NATUR	OF INJURY IN	ITEM 18 PA	ART : OR PART 2)	
th and Marked ar	MED	216. INJURY OCCURRED  WHILE AT WORK  AT WORK		21e PLACE (	OF INJURY REET, FACTORY, C	OFFICE, FARM E		STREET		Tel.	TY OR TOWN		COUNTY	STATE
d for use . af Heal n 21 is m		220.1 certify that (1) the saw the decease above (1) we (did	alive on_		- 11 -			(my) our opin		to	n the date of		and from the	that (I (we) as
on the State Dept		276. SIGNATURF	em	. Bei	mer	MD	DEGREE	ATTENDIN PHYSICIA				_	9-	11-86
should be d with the Sto		CHARLES		<b>ENNE</b>	RI	MD	22e AD	1166	LUE	r St	PRIN			AVO. 20904
v > = .	Bu	BURIAL, CREMATION, RE ISPECIFY) Vial		23b. DATE 9/13/	1986	F+	OF CEMETERY Lincoln	OR CREMATO		Rt out	OWN	Du i	COUNTY	STATE
16 60M 7/B4 A 15 41	24. FI	NAME Fra	ncis	J. Col	lins,00	Jr.		250	DATE RE	C'D. BY REG	STRAR 25b.	REGIST	nce Ge RARSSIGNA	TURE

1	1					STATI	OF MARYLAND					170
18949	1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENTA ICATE OF DEATH		Ö U	0	5 3	5 2
5 75		CEASED NAME OFFERIN	HELEN '	MEO	В.		CL ARK	20 0	PATE OF DEATH		186	310 PM
age 4 may unsider d	1.55	temale	E	Black	4	5. DATE C	F BIRTH	AR D	GE (IN YEARS LAST BI	YRS.	ONIHS DAYS	IF UNDER 24 HRS HOURS MIN.
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2/10	T	Woma f	ark 1	tent	OGE H	POOL	. / /	orke (TYP	School To	eacher	Unl	known
A Value of the state of the sta	1		DE COUNTY	13c	Washing	ton	YES NOTHER'S MAID		TREET ADDRESS 1612 Cri	ZIP CODE Etende	n Street	EN.E
omplere omplere	W	olsey M. B	lakely		CASI		011ie	21111111	MIDDLE		Pyles	
be execu-	like V	VAS DECEASED EVER	IN U.S. ARAKED FO	DRCES? 186 R DATES!	579-20-		Mr. Walt	ter V.	Clark/h			
e death certificet a attending physi- move carbon bap nation, or removal troumatic event, i		III CAUSE OF DEATH W PART I DEATH W Conditions, if ony, gove rise to ime	AS CAUSED BY: IMMEDIATE CAU which necliate		s a conseque	ENCE OF	Shock	Trac	t Int	ection	10	ATE INTERVAL SET AND DEATH
tow requires that the series of the please of prior to burial, cree prior to burial, cree sany injury, or after	CERTIFICATION	PART 2 OTHER SIGN  PART 3 OTHER SIGN  PART 3 OTHER SIGN  PART 3 OTHER SIGN  PART 4 OTHER SIGN  PART 5 OTHER	HEICANT CONDI		Zhei RIBUTING TO	MEY DEATH BUT	NOT RELATED TO THE			20b. IF YES	EN IN PART 110 , WERE FINDING YING CAUSES O	SS USED OF DEATH?
SiCiani The ng physicion certificate ha chalificate	MEDICAL CERTIF	21s. ACCIDENT WAS USE OR CONTRIBUTING	AUSE OF DEATH	P.M.	MONTH D	AY YEAR	21¢ HOW INJURY C		ES NO		ART I OR PART 2)	NO []
offer this crised or crised or	MED	WHILE AT WORK AT WORK	1 T 100	e PLACE OF I	FACTORY, OFFICE, I	FARM, ETC )	211 LOCATION STREET		CITY OR TO	NWC	COUNTY	STATE
R ATTENDS of hospital or hospital or hed for use ept. of Heal Item 21 is m.		220.1 certify that (1) saw the decease obate (1) we) (c		22	19_		nd that in (m) (our) o					
on by the control of the front		224. PHYSICIAN'S NA	AME (TYPE OF PRINT)	Lo	copy	n'	PHYSIC 22e ADDRESS	DING MI	EDICAL STA	CIAN	9/2	0/86
9999	23o I	OPUC BURIAL, CREMATION, SPECIFY) BURIA	REMOVAL 23h	0000 DAVE 9-25-8			6535 EMETERY OR CREMA tional Mon		VEGT  3d. LOCATION CITY OR TOWN  Laure	KA F	COUNTY	Md. STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	10000	NERAL DIRECTOR 3015 12th S	John T.	Rhine	es Co.	4 140	LTODAL Mon	SEP	D. BY REGISTRAL	256 REGISTI	RAR'S SIGNATU	IRF

STATE OF MARYLAND

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REG. NO 2n DATE OF DEATH MONTH 26 HOUR 86 09 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAYS HOURS 70 BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY COUNTY 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Housewife Own Home 130-STREET ADDRESS / ZIP CODE 4223- Metzerott Rd College PK 20140 MIDDLE Ann Maroney ADDRESS Address Same as Mr. Lionel A. Clover No#13. 20e AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE

saw the deceased alive on\_ , and that in (my) (our) opinion death occurred an the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the body ofter death 226. SIGNATURE 22¢ DATE SIGNED DEGREE ATTENDING MEDICAL STAFF

22d. PHYSICIAN'S NAME (TYPE OF PRINE

22e. ADDRESS

PHYSICIAN & DIRECTOR PHYSICIAN

23e. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) 9/8/86 Burial

23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery

Fredericksburg N/A

24 FUNERAL DIRECTOR

F. Gasch's Sons F.H. P.A. Hyattsville, Maryland SEP

9/4/86

DHMH - 16 60M 7/84 (VRA 15, 4)

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DHMH - 16 60M 7/84 (VRA 15. 4)

STATE OF MARYLAND

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	1	FOR - STATE		DEPAI		HEALTH AND MENTAL HYG	HENE O O	line	0 6	110/10
2		REGISTRAR			CERTI	FICATE OF DEATH	REG. N	0.		
J		CEASED NAME	FIRST	WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR 26. H	HOU
	(746	JENA	// E1	izabeth	CO	HEN		7-16	-867	-
-	J. 58	X	4 RACE	. \	S. DATE	OF BIRTH	& AGE (IN YEARS LAST BIR		UNDER I YEAR IF UN	NDER
2	-	Female		White	MONI	-15-1890	96	YRS.		RS
300)	70 B	IRTHPLACE ISTATE OR FO	DREIGN 76 CITIZE	N OF WHAT COUNTR	Y? 8	ED NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY O	FDEATH	
6/	17	LUSSIA		4.5	WIDOW		DIONT	GOD	1ERV	
Sept.	10 C	ITY OR TOWN OF DEA				OR OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND OF BUS	SINE
有个		Rockville		T IN SUCH EACILITY, GIVE STR		ter Washington	(TYPE OF WORK FOR MOST O	100	INDUSTRY	
-	UŠÚ	AL RESIDENCE (IF NURSI					Housewif	e	Home	
24	13e.	_ 1	136 COUNTY	13c CITY OR TO			13e.STREET ADDRESS		205	76
NE)	_	Maryland	Montgome	ry Rock	ville	YES X NO	6121 Mon	trose	Rd.	1
21	14. F	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LAST	
3/		Louis		Gold	denber	Annie			Finke	e l
0 1		WAS DECEASED EVER			CURITY NO.	17 INFORMANT	QQ1APDRI	SS Tn alom	ere Drive	-
Y/		NO OR UNKNOWN)	N/A	013 28	6052	Louis A. Co	han Datha	THATEN	d. 20817	е
1'		La caller or prazi	1.5.	ise per line loi (a), (b),					APPROXIMATE BETWEEN ONSET	INTER
her tro		gave rise to imm cause (a), stating underlying cause	the DUE	TO, OR AS A CONSEC	DUENCE OF	DSTEOPORC			/	
10		underlying couse	1051	(c)						
in.y.	NO	PART 2 OTHER SIGN	IFICANT CONDITIO	ns <u>contributing t</u>	O DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART Ira	
1	Ę	190 DATE OF OPERAT	ION TIPE	ONDITION FOR WHI	CH OPERATIO	ON WAS PERFORMED	20n AUTOPSY?	Tank IF YES V	VERE FINDINGS L	ICEP
2	CERTIFICAT	The DATE OF CHAIN		.O.DINOITION WITH	CIT OI ERATIC	JIV WAS FERI GRINED	4 1 2 3	IN CERTIFYI	NG CAUSES OF D	EAT
(é)	E					Tai transmining	YES NOXX	YES		0 [
30	100	218. ACCIDENT WAS UND		IME OF INJURY JR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
57	3	(IF EITHER NOTIFY MEDIC		P.M.	19					
3/	MEDICAL	21d INJURY OCCURR		LACE OF INJURY		21f LOCATION	CITY OR TO	WN	COUNTY	51
3"	≥	NOT WHI	LE [	OME STREET, FACTORY OFFIC	LE, FARM, ETC ]	JINEE				
9				ded the deceased from	m. 8-	28 10 80	10 9 -	16 19	SC that	chile
100		sow the decease	dive on	7-160 19	86,0	nd that in (my) (our) pinion	death accurred on the d	ote and hour o	nd from the couse	s sto
E		above (I) (we) Id	d) (did not) view the	body after death		DEGREE			122c. DATE SIGN	
-		11 /	11 6	10/	mi		MEDICAL STA	FF	Of - 11'	5/
ž-1		day	y. U	16101	111	ATTENDING PHYSICIAN	DIRECTOR   PHYSIC		17-10-	10
1 /	20	THE PHYSICIAN'S NA	ME (Tire or next)	' /		22e ADDRESS			1	
8/		LURE T	O A	LRIOL		16/21 MG	NTROSE	7	d.	
3		BURIAL, CREMATION, F	REMOVAL 36 DA	TE 17 10 7	NAME OF	CEMETERY OR CREMATORY David Memori	234 LOCATION	1 (1)		
		5Bffrial	Ser	T. 1/,1986	Kind	d David Memori	al city or to Fal	IS Chu	run, va.	51

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR IVes-Pearson Funeral Homes FC, Va.

250. DATE RESIDENCE PROGRAMMENT PROPERTY OF THE STATE OF

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-18136	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 6 2.	6 4	5 8
oy be oge 3 death		CEASED NAME OR PRINT)	se	WIDDLE		ohen	20. DATE OF DEATH MONTH	5 86	2b. HOUR  02.20 1/M
ge 4 mo	3. SEX	emale	4. RACE White	e	5. DATE O			IF UNDER 1 YEAR	HOURS MIN.
oth Pos	Was	ITHPLACE (STATE OR FOREIG QUINTRY) Shington, D.C	7b. CITIZEN	OF WHAT COUNTRY?	MARRIE WIDOWE	DENEVER MARRIED	9. BALTIMORE CITY OR COUNTY Montgomery Cour		MD
o) offer de	ME CI	Y OR TOWN OF DEATH kville	11. NAME	OF HOSPITAL, NURSI	NG HOME C	PROTHER INSTITUTION TIST TOSPITAL	120. USUAL OCCUPATION  TYPE OF WORK FOR MOST OF WORKING LIFE  HOUSEWLEE	12h KIND OF	BUSINESS OR
AND 212	13e. 5	L RESIDENCE (IF NURSING HO		HON, GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CITY LIMITS? YES AO	138. STREET ADDRESS 19349 Olney Mill	. Road (	(20832)
MARYL bed within amplete and 2 i	FA FA	THER'S NAME FIRST  Samuel	MIDDLE	Himmelf		Jessie	WIDDLE	Hinmel	
be execut on and co			S. ARMED FORCE (ES, GIVE WAR OR DATE			Julius T. Co	ohen;19349 Olney M	Mill Rd.	20832 ;Olney,N
Uses that the death certifications by the attending physique by the attending physen please remove carbanpato a buriol, cremation, or remove jury, or other troumatic event	Z	18 CAUSE OF DEATH (En PART I. DEATH WAS C IMM  Conditions, if ony, whi gove rise to immedia couse (a), stating funderlying couse to PART 2. OTHER SIGNIFIC	EDIATE CAUSE (o  DUE TO  ch the he st.	OR AS ACONSEGU HE PAT O OR AS ACONSEGU CALOUS	ENCE OF L	failure her	natitis MINAL DISEASE OR CONDITION GIVE	6.	week mouths
AL RECORDS The low required to the low required to the low required to the low look of the low look of the look of	CERTIFICATION	190. DATE OF OPERATION		NDITION FOR WHICH	H OPERATIO		YES NO YES		GS USED OF DEATH? NO
NG PHYSICIAN: r attending physic ther this certificat as the burial-tran ith and Mental Hyg arked or tem 18	MEDICAL CE	216. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALEX. 21d. INJURY OCCURRED	OF DEATH HOUR	AE OF INJURY  A.M. MONTH D  P.M.  CE OF INJURY	AY YEAR	ZIE LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18 P.		
DIVISION PERDING PERDI	ME	WHILE NOT WHILE AT WORK  22a.1 certify that (I) (this sow the deceased ali	haveitel) attende	the deceased from	SEPTI	STREET  STREET  SALIGERE 6, 19	CITY OR TOWN  5. 10 SEPTEMBER 15	19 86 , the condition the condition	hot (I) (ma) lost
HOSPITAL OR ATT ned by the hospi FUNERAL DIRECT of the Store Dept. of the Store Dept. of ORTANT: If them 2		22b. SIGNATURE  22d. PHYSICIAN'S NAME	L Sol	ody ofter death.	7	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF PIRECTOR PHYSICIAN	9/15	186
TO HOSPITAL retained by 1 TO FUNERAL should be defined by with the State MAPORTAN I.	22a B	GEORGE URIAL CREMATION, REMA		LEN, M.	NAME OF C	9711 MED ROCKVIL	CAL CENTER DR LE, MD, 208	50	- 308
BP	1	girial	9/17	7/86 Ju	ıdean	Memorial Gard	iens; Olney; Monte	omery;	Maryland
DHMH - 16 50M 4/B2 (VRA 15, 4)	11	NERAL DIRECTOR DANZ 70 Rockville	ANSKY-GO Pike; R	LDBERG MEN ockville, 1	MORIAL Md. 20	CHAPELS SE	P 16 1986	RAP'S SIGNAI)	A.

38181-01 4 DE 1 0 0 0 0 0 1 P 32184 Participation of the state of t A STATE OF THE STA attitude of Legistre La lense Williams vating his with a ( TENTERS The second of th 4711 Me water (2002) 2000 2 4 3000 

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

1	FOR STATE REGISTRAL
	ECEASED NA

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. N	10.		7 I 7 I		
20 DATE OF DEATH	MONTH	DAY	YEAR	2b 1	HOUR
SEPT	26	18	76	6 :	05p
6. AGE (IN FEARS LAST BI	RTHDAY)	IF UNI	DER 1 YEAR	IF U	NDER 24 H

1	1. DECEASED NAME FIRST	MIDDLE	0 - 1	961	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
	SOP	ME	COP	ren	SEPT	26	86	6:05p w
1	3. SEX	4 RACE	5. DATE C		6. AGE (IN KARS LAST B		FUNDER 1 YEAR	IF UNDER 24 HRS
	PRIMALE	CAVCAS.	IAM NOV	. 26, 1897	88	YRS.	JANIS DAIS	NOOKS MIN
7	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	Poland	USA	WIDOWE	DIVORCED [	Mont	gomery		MD
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITA	AL, NURSING HOME O	R OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST		126 KIND C	OF BUSINESS OR
	Silver Spring			ursing Home	Homemal	ker		
1	USUAL RESIDENCE (IF NURSING HOME OR 138. STATE 113b. COUN Maryland Monts	TOTHER INSTITUTION GIVE RESI		13d INSIDE CITY LIMITS?	136 STREET ADDRESS 9109 -		ve	20910
1	14. FATHER'S NAME			15 MOTHER'S MAIDEN NAM	ME			20710
1	Meishe	Yosel Ku	znets	Sare-Ley	MIDDLE		G11t	ersohn
	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SC	CIAL SECURITY NO.	17 INFORMANT	Bethesda	ess Md.	20817	22001111
	(YES NO OR UNKNOWN)   IF YES, GIV	216	-40-5500	Israel Cohen	; 6411 Hall	pert Rd		
	18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	nly one cause per line for D BY:	as a Col	Nemt for	ilme		ROX	ONSEI AND DEATH
	Conditions, it any, which gove rise to immediate	DUE TO DO	DISTOURNCE OF	ntry di	islase		yes	ne
	couse (a), stating the underlying cause last	DUE TO, OR AS A	SEQUENCE	elrosis			10	
	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBU	UTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	ndition Give	N IN PART 11	0.
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FO	OR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
1	OR CONTRIBUTION CONTRACTOR OF DEA			21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PAR	tt i OR PART 2)	
	21d. INJURY OCCURRED	21e PLACE OF INJU	JRY	211. LOCATION	Carrier T		Secons	
	NOT WHILE	(AT HOME STREET, FACTI	ORY, OFFICE, FARM ETC )	STREET	CH ON I		COUNTY	STATE
1	220.1 certify that (1) (this hospi	4/1	31.101	19 1	_5	de	10	that (I) (we) lost
1	sow the deceased alive on above, (I) (was thirt did no		arty ( )	without in that (our) opinion of	death occurred on the o	dote and hour	and from the	couses stated
1	77h SIGNATURE	1/1	1	ATTENDING	MEDICAL STA	, EE	22c. DATE	SIGNED
	10000	1000	1 1	PHYSICIAN L	DIRECTOR PHYS		19/3	16/06
	THE PHYSICIAN'S NAME TYPE O	R PRINT)	7 . 1	22e ADDRESS	, / /	2 1.	/	

hould be detact MPORTANT

DHMH - 16 60M 7/84 (VRA 15, 4)

236 DATE 230. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN Cem/. Cap. Burial 9-19-1986 Natl. Cap. Hebrew

24 FUNERAL DIRECTOR Danzáńsky-Goldberg Chapels; 1170 Rockville

7.942-	1.	FOR STATE REGISTRAR		STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE S & 2 6 2 0 0  CERTIFICATE OF DEATH  REG. NO.				
may be page 3		CEASED NAME	prothy	D. Co		and the second s	0041H   BAX   YEAR   26 HOUR   10 M   10 M	
death, Poge 4		RITHPLACE INTATE OF FORE	United	WHAT COUNTRY? 8. MARRIE States WIDOW	ED NEVER MARRIED C	9 BALTIMORE CITY OR MONTG	oneRy County	
	5		Ng Hol	HOSPITAL NURSING HOME  VE STREET ADDRESS)  SIVE RESIDENCE BEFORE ADMISSIO	tespital	Type of work for most of w	. own home	
	Ma		ontgomery	Rockville	13d INSIDE CITY LIMITS? YES NO  15. MOTHER'S MAIDEN N	13e.STREET ADDRESS / Z 4714 Falcon	St. 20853	
Poges I gay			U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	Dunn 166 SOCIAL SECURITY NO. 196 01 3536	Mary  17 INFORMANT Frank E. Co	ADDRESS le, husband,		
ICIAN: The low requires that the death trenties g physician.  g physician.  ertificate has been signed by the ottending physiol-transit permit. Then please remove corporation of Hygiene prior to burial, cremation, or remove tem 18 shows any injury, or other traumatic events.	NOI	Canditions, if any, we gave rise ta immediate (a), stating underlying couse  PART 2 OTHER SIGNIF	DUE TO, C lost.  CANT CONDITIONS C  OVAS CN L  (c)	OR AS A CONSEQUENCE OF  OR AS A CONSEQUENCE OF  CONTRIBUTING TO DEATH BU  ACCUSED T	2 Sez 24	MINAL DISEASE OR CONDII		
	CERTIFICATION	190 DATE OF OPERATIO  .  210. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU	LYING 21b. TIME C		21c. HOW INJURY OCCU	200 AUTOPSY? YES NO PRED (ENTER NATURE OF INJURY I	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NINITEM 18 PART (ORPART 2)	
VDING PHYSIC I ar attending S: After this cer see as the burio lealth and Ment s marked ar Iter	MEDICAL	(IF EITHER NOTIFY MEDICAL  21d INJURY OCCURRED  WHITE NOT WHITE AT WORK AT WORK  220.1 certify that 11 th  saw the deceosed	21e. PLACE (AT HOME, S)  aris hospital) attended 1	A. X	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE  That () we) lost the causes stated	
HOSPITAL OR INTER BY THE HOSPITAL OR INTER BY THE HOSPITAL DIRE HOSPITAL STEEP ORTANT: If the		above, (I) (1777)  726. SIGNATURE  726. PHYSICIA 5 N	(In a point)	y after death.	DEGREE ATTENDING		IN DATE SIGNED	
BP	23a.	BURIAL, CREMATION, RESPECTIVE	MOVAL 23b. DATE Sept	12,1986 Gate o	CEMETERY OR CREMATORY  f Heaven Ceme	23d LOCATION	Spring, Maryland	
DHMH - 16 60M 7/84 (VRA 15, 4)			ert A. Pum	phrey Funeral Rockville, M	Homes, 250 DA	ATE REC'D. BY REGISTRAR 25	b. REGISTRAR'S SIGNATURE	

7554	FOR STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	rGIENE 6 6	26251
ge 3	(TYPE OR PRINT) FIRST	K	CONNOLE	20. DATE OF DEATH	6 1986 11 AM
director. po	S. SEX FEMALE	4. RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR NOV. 24. 1901	6 AGE (IN YEARS LAST BIR	THOAY)  IF UNDER 1 YEAR IF UNDER 24 HRS  MONTHS DAYS HOURS MIN.  YRS.
20	70. BIRTHPLACE ISTATE OR FOREIGN COUNTRY)  NERTH DAILOTA	76 CITIZEN OF WHAT COUNTS		9 BALTIMORE CITY OF	R COUNTY OF DEATH
by the fur filed withi	Silve Spring, Md.	CARRIAGE ON		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	ON 126 KIND OF BUSINESS OR INDUSTRY
faled in				13e STREET ADDRESS	ZIP CODE
ompletely nd 2:st examine	4. FATHER'S NAME FIRST WILLIAM	MIDDLE LAST O' HAR	15 MOTHER'S MAIDEN N ROSE	MIDDLE	HARRINGTON
pers. Pages of.	(YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	CURITY NO. 17 INFORMANT 0-4114 MR. PETER C	ADDRI DNNOLE SAT	WE AS #13.
signed by the attending hen please remove carbo to buriol, cremation, ar ri njury, or other troumotic i		DUE TO, OR AS A CONSECTION OF THE CONSECTION OF THE CONTRIBUTING TO THE CONTRIBUTING TO THE CONTRIBUTION OF THE CONTRIBUTION O	Prusolowatic	RMINAL DISEASE OR CON	DITION GIVEN IN PART 110
has been to permit. I ene prior ows any ii	I 190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
itter this certificate in as the burial-transit, it hand Mental Hygies arked or Item 18 shown and the control of the control o	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	ATH HOUR A.M. MONTH	19 211 LOCATION	ORRED (ENTER NATURE OF INJU	
DIRECTOR: Af sched for use a Dept. af Health f Hem 21 is ma	sow the deceased alive or	of all view the body after death.	, and that in (my) (our) opinion		, 19 , tho (1) we) last ofte and hour and from the couses stated
TO FUNERAL DIF	THE PHYSICIAN'S NAME (TYPE)	(Inha)	ATTENDING PHYSICIAN  22e ADDRESS	MEDICAL STA DIRECTOR PHYSIC	Chen Chese Mr.

BP DHMH - 16 60M 7/84 (VRA 15, 4)

23b. DATE CREMATION, REMOVAL

23c, NAME OF CEMETERY OR CREMATORY

3d. LOCATION
CITY OR TOWN
SILVER SPRING

CREMATION 24. FUNERAL DIRECTOR SILVER SPRING CHAMBERS FUNERAL HOME

MONT.

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August Sandana Lagrana and August Sandana August Sanda

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(VRA 15, 4)

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10-	17553	1.	FOR STATE	DE		ALTH AND MENTAL HYG	IENE O O	ha	0 %	0
0	11333		REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO	).		2 37
	100000000000000000000000000000000000000		CEASED NAME FIRST	MIDDLE	C 14	ST	20. DATE OF DEATH	MONTH DAY	Z0. F	IOUR
	oy be oge 3 deoth	[TYPE	6 CORPRINT)	90 T.	( DM	way	9	-7-	86 3	16 M
	you poo	3. SE	x 14	RACE	5. DATE O	BIRTH	6 AGE (IN YEARS LAST BIRT		UNDER I YEAR IF UN	NDER 24 HRS
	ge 4 .	1	nale	White	усын.	- 31 - 122	012		NIHS DAYS HOU	RS MIN.
	Pag	7a. B	IRTHPLACE (STATE OR FOREIGN 7)	LOUITIZEN OF WHAT COU	NTRY? 8	5/ 17	9 BALTIMORE CITY OF	YRS COUNTY O	FDEATH	
	oth.	4	COUNTRY) DOLL-TO	11 S A	MARRIED	NEVER MARRIED	11001	TGON		Co
	fun thin	10.C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, N	WIDOWEL		120 USUAL OCCUPATION	DN DN	126. KIND OF BUS	MD.
	offer d the	9.	1 JAD SADing		E STREET ADDRESS!	os o'Ln1	TYPE OF WORK FOR MOST OF		INDUSTRY	
20	S 35 E		AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION GIVE RESIDENT	E BEECOSE ADMISSIONIL	DSDITHL	FLIGHT ATTE	NOANT	MIRLINE	6.
MARYLAND 2120	1 3 V	130.	STATE 136 COUNT	Y 13c CITY O	RTOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /			
A		_/	Md. Mente	SOMERY SILVE	RSPRING	YES NO	13709 3	TONE	ROR. 0	20904
RYL	( サイカ	14. F	ATHER'S NAME	IDDLE LA	NST/	15. MOTHER'S MAIDEN NAM	AEHDDLE		LAST	
WA	1 1000		JOHN DAY	ITT CON	WAY	KATHRYN	1 JOHA	NA	DEVER	EAUX
RE,	ond cand cand cand cand cand cand cand ca		WAS DECEASED EVER IN U.S. ARM YES, NO OBJUNKNOWN) [IF YES, GIVE	MED FORCES? 166. SOCIA	L SECURITY NO.	17 INFORMANT	ADDRE	SS		
BALT!MORE,	n ond o	,	NO -	- 218-2	0-0682	KATHLEEN	C. SWEE	T (51	AME AS	#13
ALT	ol. the		18. CAUSE OF DEATH (Enter only	one couse per line for (o),	(b), and (c).)	1 1			APPROXIMATE I	NTERVAL AND DEATH
	rtificate physici emovol. event, th		PART I. DEATH WAS CAUSED  IMMEDIATE	BY: m	A-	to Carcin			2 mg	
Z			IMMEDIALE	CAOSE (O)						
STO	death ce ottendin nave corb otion, or troumatic		Conditions, if ony, which	DUE TO, OR AS A CON	RCINOM	C Par	lane		mos	
PRESTON			gove rise to immediate	)		2 2 2 201	0.71		1,7.03	
₹	that the day the ease re oil, crem		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CON	ISEQUENCE OF					
201	s the sed riol		PART 2. OTHER SIGNIFICANT CO	(c)	IC TO DEATH BUT I	LOT BELATED TO THE TERM	INIAI DISEASE OR COND	ITIONI CIVEN	LINI DART L	
	signe signe hen p to but	Z	TAKE 2. OTTER SIGNIFICANT CO	ANDITIONS CONTRIBUTION	O TO DEATH BOTT	TOT RELATED TO THE TERM	INAL DISEASE OR COND	ITON GIVEN	IN PART TO	
RECORDS,	ow reprint. T	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION	WAS PERFORMED	20a AUTOPSY?	70h. IF YES. V	WERE FINDINGS L	ISED
RE	n. nos b	FIC						IN CERTIFYIN	NG CAUSES OF D	EATH?
DIVISION OF VITAL		ERT	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCURR	YES NO	YES		
<u> </u>	physicial physic		OR CONTRIBUTING CAUSE OF DEATH		H DAY YEAR	THE HOW INSORT OCCORN	CD (ENIER NATURE OF INJUR	IN HEM 18 PARI	TORPARTZ)	
0 2	SIC cer cer inio inio	S	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	NI LOCATION				
50		MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	/N	COUNTY	STATE
N			AT WORK AT WORK			4	17/			
	Z - 02 5 - 2		22a 1 certify that (1) (this hospita	il) attended the deceased	(//- //	3 1986		, 19		It (we) lost
	E to Done 5		sow the deceased alive on _ above [1] [we] (did) [did not]	view the body after death	_19 <u></u>	d that in (my) (our) apinion a	death accurred on the do	te and hour o	nd from the couse	s stated
	OR AT e hosp DIRECT oched f Dept. o		22k SIGNATURE			EGREE	ALEDICAL STAF	1.7	22c. DATE SIGN	ED
	AL O The Odetocote Dote D		1/2/2	2 0	5	ATTENDING PHYSICIAN	MEDICAL STAF		19/8/8	7
	HOSPITAL ned by the FUNERAL UID be determine Store ORTANT:		1278 PHYSICIAN'S NAME (TYPE OR	PRINT)	-	22e ADDRESS			,	
	0 0 0 = 0		K. Velano4/	R./ Bens	ACK IMP	4115 Colo	DR. When	al a	on, my	2090
	0 9 0 8 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		BURIAL, CREMATION, REMOVAL	23b. DATE		METERY OR CREMATORY	23d LOCATION			A
	BP		CREMATION)	9-8-1986	CHAMI	BERS CREMATE	O RIVER	DALF"	PCC	MA
		24 F	UNERAL DIRECTOR	1100		20910 250. DAT	REC'D. BY REGISTRAR	Sh. REGISTRA	R'S SIGNATURE	11.
	DHMH - 16 60M 7/B4 (VRA 15, 4)	11/	INTO HAMREI	25 CO TAIN 10	SILVER S		FP.1 0 1000		The second of the	الالماتير
	(****, ***)	11	AN. CHIMINION	C CC. 270C	1/2000	William M	DAMI A SI LE	21	-	

3		- 1						STAT	E OF MARYLAND	)	0 4	63	4 4	27.
10-	17604		1.	FOR STATE REGISTRAR			DEPA		EALTH AND MENTICATE OF DEA		REG. N	10.	O &,	0 -1
	. m=			OR PRINT)	FIRST	-	MIDDLE		LAST		20. DATE OF DEATH	MONTH D		2b. HOUR
	noy be poge 3			KAR	EM		4		OKE		~	/	- 86	6.04m
			3. SE	×	4, R	RACE		5. DATE O		YE AR	AGE (IN YEARS LAST B		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	rector			1-			HITE	10		41	44	YRS.		
	h. P.	2//	70 B	RTHPLACE   STATE OR FOR	EIGN 7b	CITIZEN OF	WHAT COUNT	RY? 8 MARRIE	D NEVER MARI	RIED -	BALTIMORE CITY			
- 48	deot hin 7	T		KANSAS		и	<u>-S</u>	WIDOWI			MONT			MD,
	the the		10 C	TY OR TOWN OF DEATH			CH FACILITY, GIVE ST		OR OTHER INSTITUT		120 USUAL OCCUPAT		INDUSTRY	F BUSINESS OR
201	o su per li le con la c	Ē ()	5		NG	HOL		OSS	HOSP.		SECRETARI		SECR	ETARIAL
BALTIMORE, MARYLAND 2120	be i	24	13a. S	AL RESIDENCE (IF NURSING	b. COUNTY	IER INSTITUTION	13c. CITY OR T	FORE ADMISSION] OWN	134 INSIDE CITY L	LIMITS?	3e.STREET ADDRESS		-	1
NA P	1				JONTGO	MERY	Rock	MUE			1001 Roci	VILLE	PIKE #	222 /20852
. RYI	[ ]	121	14. F/	THER'S NAME	MIDE	DLE	LAST		15. MOTHER'S MA	*	E MIDDLE		LAST	,
W.		2/		NELSON			KIN			TTY	-	500	NEWB	URN
ORE ,	Poges :	medica.		VAS DECEASED EVER IN	U.S. ARMEL		16b. SOCIALS		17 INFORMANT		ADĎR		3509 BI	radmoor dr
TIM	0 %	0 4		NO 1	NON	E	513-40	1-9423	JUDITH A	INN BRI	EWER (DAU	SHIER)	BETHESI	
BAL	rysici ope	t, t	+	18 CAUSE OF DEATH ( PART I. DEATH WAS			r line for (a), (b)	, and ici.		4.	0		BETWEEN	MATE INTERVAL DNSET AND DEATH
ST.,	g ph sonp	e < e	4.		MEDIATE C		15 Weart	Concer!	Lutestefic	To	13000 m	now,		
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RESI	otte otior	TOUT		Canditians, if any, w		ıb)								
×	t the	her		couse (a), stating		DUE TO, C	R AS A CONSE	OUENCE OF						
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	signie o bu	tory,	Z	PART 2. OTHER SIGNIF	ICANT CON	ADITIONS <u>C</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CO	1DITION GIVE	N IN PART 1:a	
000	v rec	. A	ATIC	190 DATE OF OPERATIO	N	19h COND	ITION FOR WH	ICH OPERATIO	IN WAS PERFORME	ED.	20a AUTOPSY?	20h IF YES	WERE FINDIN	IGS LISED
R.	n. no perm		IFIC								YES NOX	IN CERTIFY YES	ING CAUSES	OF DEATH?
DIVISION OF VITAL RECORDS.	ysicia ysicia cate t onsit Hygie	× -	CERTIFICATION	21g ACCIDENT WAS UNDER	YING	21b. TIME C	OF INJURY		21c HOW INJUR	Y OCCURRE	D (ENTER NATURE OF IN)			но 📗
OF V	₹ 4 ± 1 °	-		OR CONTRIBUTING CAU		HOUR A		DAY YEAR						
NO	× 5 2 ×	o F	MEDICAL	(IF EITHER NOTIFY MEDICAL			.M. OF INJURY	19	211 LOCATION					
/ISIC	The the	be ed	ME	WHILE NOT WHILE		(AT HOME, ST	REET, EACTORY OFF	ICE, FARM ETC )	STREET		CITY OR I	NWC	COUNTY	STATE
ā	or off After After offh of	mor	Н	22s   certify that (I) (th	us hospital)	attended th	he deceased to	a	/ 3	2/2	*a	1	9	that (I) (we) lost
	TEN TOR	20.00		saw the deceased	alive on	9/5	1	2,/1	nd that in (my) (aur	r) apinian de	eath accurred on the			
	RECT ed f	em		above, (1) (we) (did 22b SIGNA	(did nat) vi	ew the body	ofterful ath.		DEGREE				22c DATE S	
- (66)	the ho to DIRE	± ±		h	1-	. ()	· Va		ATTE	NDING _	MEDICAL STA		010	-176
	PITA by ERA e de	Z		22d. PHYSICIAN SHAM	E) (I WE OR PRI	100	ann		22e ADDRESS	SICIAN D	DIRECTOR   PHYS	4.2	19/3	140
	TO HOSPITAL retained by the TO FUNERAL should be detromith the State	OR!		TEE	FRE		DRUI	3/5		1	3.67	MIT	AVE	22965
	show the	<u> </u>	23n I	BURIAL CREMATION, RE	MOVAL 12	3b DATE			EMETERY OR CREA		NSINGTON	11 111	CI	2071
	BP		200.	BURIAL		SEPT. &		QEII-die			CITY OR TOWN	0.00	COUNTY	VANCA-
			24 FI	JNERAL DIRECTOR	-	مرکار	1766	Derre 1/1	LE CEME		REC'D. BY REGISTRA	The REGISTR	AR'S SIGNAT	URE VINSAS
	DHMH - 16 60M ( (VRA 15, 4)	7/B4		HAMBERS FUN	(mn-	16 4-	ADDRE	SS CAN 1	- MD	000	7 0 4000		No. 1	1.00
	(VRM 13, 4)		7	minues run	KKYZ	HOME	JUN61	2 SPRING	- 1110		10 1986	· and	when a fee	inglation.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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FOR STATE REGISTRAR		DEPAR		ICATE OF DEATH	REG. N	O.	0 2	. 0
	IRST	WIDDLE	i	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(TYPE OR PRINT) RO	bert	E.	(	Cox		9 29	86	130 P
SEX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		NDER I YEAR	IF UNDER 24 HRS
Male	Whit	e	"De	c. 4 1922	63	YRS.	THS DAYS	HOURS MIN.
BIRTHPLACE (STATE OR FORE Washington,		F WHAT COUNTR	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C		DEATH	
D. CITY OR TOWN OF DEATH		HOSBITAL NILLE	WIDOWE	DIVORCED DIVORCED	Mon 12a. USUAL OCCUPAT	tgomery	AL KINID O	F BUSINESS OF
	(IF NOT IN S	UCH FACILITY, GIVE STR	EET ADDRESS)		(TYPE OF WORK FOR MOST O	OF WORKING LIFE)	NDUSTRY	
Burtonsville		201 Birmi		Drive	PBX Instal	ler C	&P Te	1. Co.
3a. STATE	ntgomery	13c. CITY OR TO	NWC	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 15201 Birm		Drive	866
FATHER'S NAME				15. MOTHER'S MAIDEN NA	ME			
Albert	WIDDIE	Co	7V	Margar	et J		F dut	ards
MIDELL WAS DECEASED EVER IN	L. U.S. ARMED FORCES			Margar	ADDR		Edwa	arus
	IF YES, GIVE WAR OR DATES)  WW 11	579-18-		Virginia M.	Cox-wife-(	same as	13e)	U 50
18 CAUSE OF DEATH	Enter only one couse p	er line for (a), (b),	and (c).)	n +			BETWEEN	MATE INTERVAL
PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (a)_	Car	diac	Hrres/		14.00		training.
Conditions, if any, w gave rise to immed couse (a), stating underlying cause	liote	OR AS A CONSE		herosclerose Revel				
	CANT CONDITIONS	ence Re	o DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN I	N PART 110	3'
19a. DATE OF OPERATIO	N 196. CON	DITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WI IN CERTIFYING YES	G CAUSES	OF DEATH?
A A A A A A A A A A A A A A A A A A A	SE OF DEATH HOUR	OF INJURY A.M. MONTH		21c. HOW INJURY OCCUR		RY IN ITEM 18 PART I	OR PART 2)	
(IF EITHER NOTIFY MEDICAL  21d. INJURY OCCURRED		P.M. E OF INJURY	19	21f LOCATION				
WHILE NOT WHILE AT WORK	CAT HOME	STREET, FACTORY, OFFIC	CE, FARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
22a.1 certify that (1) (th	is bespital) attended	the deceased fran	m_1/VL	ly 19 80	, to	29 , 195	36	that (i (we) los
saw the deceased	alive an	9/27 19	86_, ar	nd that in (1995) (aur) apinian	death accurred an the d	ate and have an	d from the	causes stated
226. SIGNATURE	hal Ber	ed his		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		221. DATE	SIGNED 86
22d PHYSICIAN'S NAM	el Bere	nd		220 ADDRESS Bal	timore A	re #4	01 6	ole Pk. X
BURIAL, CREMATION, RE	MOVAL 236. DATE	23	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
(SPECIFY) Burial	Oct.	2. 1986	Union	Cemetery	Burtons	ille Mo	ntoom:	ery Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24. FUNERAL DIRECTOR
Hines/Rinaldi Funeral Home

11800 N.H. Ave., Silver Spring, Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

1986

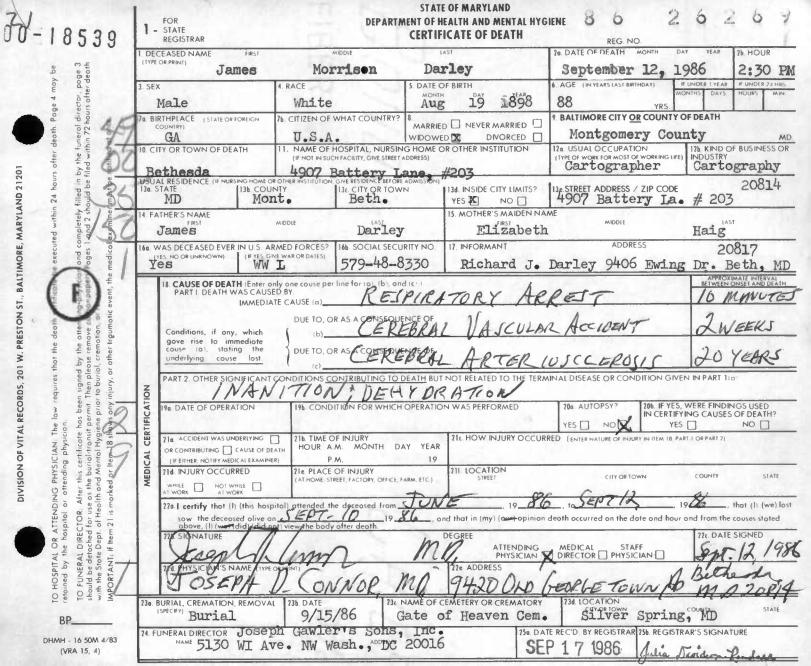
(VRA 15 4)

STATE OF MARYLAND

00-19369	1	FOR - STATE REGISTRAR		DEPARTA	MENT OF HE	ALTH AND	MENTAL HYG		2	6 4	6/
	1. D£	CEASED NAME FIRST		MIDDLE	LA	0 1		REG. N		DAY YEAR	2b HOUR
be 3		Grace	(	Cecilia	Dali	1		September	1 18.	1986	1:15 A.M
You go	3 SE		4. RACE			BIRTH		6 AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24 HRS
4 84 %	Fe	male	Caucas	ian	1 2 MONTH	16 PAY	1994	71	YRS.	ONTHS DAYS	HOURS MIN.
Po 6 6 9	7a. 8	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	F WHAT COUNTRY?	2	□ NEVE P	MARRIED 🔀	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
eo the second	Wo	shington, D.C.			WIDOWED	DI DI	VORCED [	Montgome	-		MD.
	10. C	ITY OR TOWN OF DEATH	11. NAME OF	F HOSPITAL, NURSIN	IG HOME OF	OTHER INS	NOITUTIT	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST	OF WORKING LIFE	INDUSTRY	F BUSINESS OR
10 to 6		lver Spring		Pre Healt		e Cent	er	Statistic	cian	Censu	s Bureau
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours sicion and campled yeld in bropers. Pages I and 2 fourth the fill ty, the medical examines shallow	13a.	AL RESIDENCE (IF NURSING HOMI STATE 13b. CC	e or other institution DUNTY tgomery	13t. CITY OR TOW Silver S	pring	13d. INSIDE C	NO [	13, STREET ADDRESS Mayh	/ ZIP CODE	ve	20902
BALL THE STATE OF	14. F	ATHER'S NAME	MIDDLE	LAST			S MAIDEN NA	WE		LAS	
A dam d	1	John	Ĵ.	Daly			race	U.		Wal	sh
SRE, nd can dica		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN)   (1F YES.	ARMED FORCES?	16b. SOCIAL SECU		17. INFORMA		ADDR		20874	41.1
FIMO		no		578-10-4	1441	13411	WhiteC	hurch Circ	le, Ge		MATE INTERVAL DISET AND DEATH
that the death certified by the attending passer remove carbon or rent rather traumotic ever		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	- (b)_	OR AS A CONSEQUE OR AS A CONSEQUE	NCE OF	Pars	tre /	Gearl Q	seese	g y	
RDS, 20 equires n signed Then ple ra buria	NO	PART 2. OTHER SIGNIFICAN	le les	CONTRIBUTING TO I	DEATH BUTL	OF RELATED	TO THE TERM	INAL DISEASE OR COM	DITION GIVE	EN IN PART 10	
L RECO	CERTIFICATION	190 DATE OF OPERATION	19b CON	DITION FOR WHICH	OPERATION	WAS PERFO	DRMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	GS USED OF DEATH? NO
DIVISION OF VITAL RECORDS, 201  NG PHYSICIAN: The low requires the ottending physician.  Ther this certificate has been signed be on so the buriol-transit permit. Then plea the and Mental Hygene prior to buriol, and wend or them AB shows ony injury, an orked or them AB shows ony injury, and		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR	OF INJURY A.M. MONTH DI P.M.	AY YEAR	21c HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PA	ART 1 OR PART 2)	
IVISION  The this of the bun on and Marked or it was a street or a	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE		E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC )	21f. LOCATION STREE	ON	CITY OR TO	NWC	COUNTY	STATE
ATTENDI ospital or ECTOR: A d far use f. af Heol		Its I certify that (I) (this he saw the declared olive above, (I) (say) (did) (did 22h SIGNACES	00 9/17	195	· //	that in (my)	, 19_ <b></b> (our) opinion (	death accurred on the c	late and hour		
PITAL OR by the hyteRAL DIRI	,	22 PHYSICIAN SWAME (IV	PF OR SWIND	-12 =	1	22e ADDRES		MEDICAL STA	CIAN 🗌	9/1	8/86
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ВР		(SPECIFY)						CITY OR TOWN		COUNTY	STATE
	24. F	Burial UNERAL DIRECTOR ENG		. 20, 86		wet	250. DAT	<u>LYI WASHI</u> E REC'D_BY REGISTRAI	ngton.	D.C.	VRE
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772	FOR - STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYO ICATE OF DEATH	REG. N		<b>U</b> 46.	.8
	PECEASED NAME  PE OR PRINT)	VICTO		RGE DANCA	-	JR.	SEPTEMBER		YEAR	6:45 A
0 0 3.5	SEX	4. R.	ACE		5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY) IF UN		IF UNDER 24 HRS
1 25	MALE		CAUCAS	IAN		CH 25 1959	27	YRS		Mile.
6 30 /6/	BIRTHPLACE (STATE OR FO COUNTRY)	Section Section		WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. BALTIMORE CITY C	Carlo Check	DEATH	MD
A Street Street Land	CITY OR TOWN OF DEAT		NAME OF H	OSPITAL, NURSIN H FACILITY, GIVE STREET	G HOME O	OR OTHER INSTITUTION	120. USUAL OCCUPAT	OF WORKING LIFE)	NDUSTRY	BUSINESS OR
123	BETHESDA	IG HOME OF OTHE		NAVAL HOS			RETERED		U.S.N.	AVY
130 M	ARYLAND	MONTGO		13c. CITY OR TOW  GAITHER	N		13e STREET ADDRESS 17508	ncrest	DRIVE	2087
ampletely and 2 s	FATHER'S NAME FIRST VICTOR	GEORGI		AUSE LAST		15. MOTHER'S MAIDEN NA	UNKNOWN		LAST	
160	WAS DECEASED EVER I	N U.S. ARMED	FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
s. Pages	YES, NO OR UNKNOWN)	1977-1	1984	016-54-6		CONNIE M.DAN		Towncres	_1/	RIVE.
ificate physici npaper maval.	18. CAUSE OF DEATH PART I. DEATH WA	Enter only of	ne cause per	line for (a), (b), one	d (c).)	GAITHERSBUR			SETWEEN OF	MATE INTERVAL INSET AND DEATH
ng ph ponp rem rem		IMMEDIATE C	AUSE (a)	WIDELY MI	TASTA	ATIC COLON CA	RCTNOMA			
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res that the death certificated by the attending phy please remove carbanp urial, cremation, ar remary, or other traumatic even	Canditians, if any, gave rise ta imm cause (a), stating underlying cause	ediate g the	DUE TO, OF	R AS A CONSEQUE	NCE OF					
		IFICANT CON	IDITIONS CO	NTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN I	N PART IIa	
v: The law requi ysicion. cate has been sig onsit permit. The Hygiene prior to the 8 shows ony injun	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES X NO	20b. IF YES, WE IN CERTIFYING YES T	G CAUSES C	
·	00.00.00.00.00.00.00	AUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	JRY IN ITEM TS PART I	OR PART 2)	
PHYSICIA trending pl trending pl tre burial-tre tred or trem ted or trem		ED	21e. PLACE			211 LOCATION STREET	CITY OF TO	NWC	COUNTY	STATE
rending tal ar a OR: Afte or use as f Health	220.1 certify that (I) (sow the decease	(this haspital)	SEPTEM	BER 6 19 8		UST 8 , 19 86 and that in (my) (aur) opinion				hot (I) (we) last
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erained by TO FUNERA should be de with the Stot	22d. PHYSICIAN'S NA			LICND			L HOSPITAL ESDA, MD 208	814-5011		
O & O & 3 X	BURIAL, CREMATION, F	OX LT	MC.	USNR 23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
BP	(SPECIFY) Burial					Mem'l Park	CITY OR TOWN	esboro,	VIOUNTY V:	irginia
DHMH - 16 60M 7/84 (VRA 15, 4)	FUNERAL DIRECTOR  Ives Pearson					25a. DA	TE REC'D. BY REGISTRAL		C CICNIATI	inc

STATE OF MARYLAND



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o page	13a. S Ma	LE RESIDENCE (IF NUR TATE ryland	13b. COUT	HER INSTITUTION		ORE ADMISSION)	13d. INSIDE C	ITY LIMITS?	13e STREET ADD	RESS / ZIP C		
		THER'S NAME John	J. "	NDOFE	Slatte	ry	15. MOTHER!	S MAIDEN NA FIRST LY	N	E .	Fry	
bnd oge edic	16a. V	AS DECEASED EVER		NED FORCES?	16b. SOCIAL SEC					ADDRESS	-	
s. Page		ES NO OR UNKNOWN)			220-34	-2922	Rose	Dawso	on, sam	e as ‡		MADANTEVAL
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Then p Then p to bur injury,	NO.	PART 2 OTHER SIG	NIFICANT CO	DINDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	1.	INAL DISEASED	R CONDITION	GIVEN IN PART 11	a
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ter this so the bu h and M riked or	MEDICAL	21d INJURY OCCUR	RED	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICI	FARM, ETC )	211 LOCATION STREET	ON	C	TY OR TOWN	COUNTY	STATE
CTOR: A I for use of Health		22a I certify that (I saw the decease abave, (I) (me)			- //	26 or	d that in (my)	( <del>out)</del> apinion	, ta death occurred o	the date and	hour and from the	that (I) (we) last causes stated
y the ho		22b. SIGNATURE	Re-	-/bro	in Mar	).	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [	22c. DATE	SIGNED 12-16
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5 f C f 3 Z	23a B	URIAL, CREMATION	REMOVAL	23b DATE	Sept. 23	NAME OF C	EMETERY OR	CREMATORY	23d. LOCATIO		COUNTY	STATE
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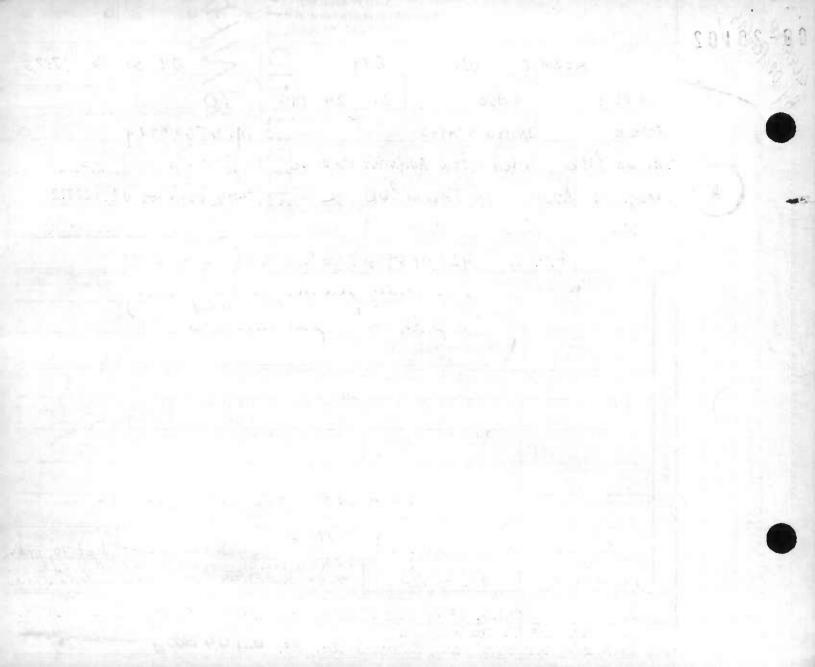
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Helen S. Landston S. nelsh

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rector,		EMALE	CAUC.	MONTH DAY YEAR	94	MONTHS DAYS HOURS MIN.
2 hou	7a. B	IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8.	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH
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d be in	130.	AL RESIDENCE (IF NURSING FIOME OR OT STATE 136 COUNTY	HER INSTITUTION GIVE RESIDENCE BEFORE AD	MISSION) 134. INSIDE CITY LIMITS?	13: STREET ADDRESS / ZIP 4738 Greenbr	
		MD, Howar	d Dayton	YES NO		idge Rd 21036
and 2		ATHER'S NAME IENTY Johnson MIE	DDLE LAST	is. Mother's Maiden N. Mattilda		LAST
dico dico		WAS DECEASED EVER IN U.S. ARME			ADDRESS	
000	-	No No	820-00-8	925 Mrs Albert	Day 4738 Green	bridge Rd 21036
physician angopers. F emoval.	1	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I IMMEDIATE	ane cause per line far (a), (b), and (c) BY: CAUSE (a) PYEBYD	vascular a	eciolent	BETWEEN ONSET AND DE ATH
carba carba , or re			DUE TO, OR AS A CONSEQUENCE		C .1	
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en plea buriol,	2	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	DN GIVEN IN PART 1(a
ior to	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OF	EDATION WAS DEDECORATED	Lee AUTODOVO Lee	JE VEC LAFRE EN ID NICO VICE
hos b perm ene pr	5	140 DATE OF OPERATION	198 CONDITION FOR WHICH OF	ERATION WAS PERFORMED	IN .	. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
sho est	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121¢ HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN IT	YES NO
ltem 18		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY	YEAR	TENTER MATORE OF INJURY IN	tem is that I Out and 2)
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	211 LOCATION		
alth and M	ME	WHILE NOT WHILE T	(AT HOME, STREET, FACTORY, OFFICE, FARM	STREET	CITY OR TOWN	COUNTY STATE
epith mo	1	22a I certify that (I) (this hospital	ottended the deceased from	une 20 , 19.85	10 Sept. 21	, 19.86, that (I) (we) last
for us of He 23 is		saw the deceased alive on	Sept 21 1986	, and that in (my) (our) opiniar	death accurred an the dote a	nd have and fram the causes stated
hed hed	-	77% SIGNATURE 00	0 11	DEGREE		22c. DATE SIGNED
T. F.		(Naymond D)	alskow MIT	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSIGIAN	9/21/86
FUNERAL uld be det to the State ORTANT:	1	THE BYSIGIAN'S NAME (TYPE OR PE	RINT)	22e. ADDRESS 345	University	Blod W
should be de with the Stat		Kaymonk L	Sradshaw, M	0, 5:1	er Spring	191.
- 4. 3 €	23a.	BURIAL CREMATION REMOVAL	23b. DATE 23c. NA	ME OF CEMETERY OR CREMATORY	23d LOS ATION 01	7.70
		Burial	Sept 25, 1986	Providence	Glenelg, Ho	ward, Maryland ATE
- 16 60M 7/B4	24 F	UNERAL DIRECTOR Harry H	Witzke & Family	Funeral Homeson DA		
RA 15 4)	Tr	ac 4112 Old colu	mbia Pike Filic	ott City	107 1096	wew was - 1

V02		FOR - STATE REGISTRAR		MENT OF HEALTH AND CERTIFICATE OF I	MENTAL HYGIE DEATH	REG. NO		6 6	. /
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nerol de	70. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	THE CITIZEN OF WHAT COUNTRY	MARRIED NEVER	MARRIED	MONTGO	-	F DEATH	,
2/	10. C	LOMA PARK	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREET WAS HING-TON			20 USUAL OCCUPATI	ON F WORKING LIFE)	126. KIND O INDUSTRY F. P	F BUSINESS C
(PA)		AL RESIDENCE I IF HURSING HOME OF STATE HIS COUNTY	NTY I34 CITY OR TO		NO 🗆	30. STREET ADDRESS	ZIP CODE	2. 20	912
and the	MIE	John 1	MIDDLE LAST Pay	15. MOTHER'	S MAIDEN NAME FIRST LA	MIDDLE		Armsi	trong
r and co		WAS DECEASED EVER IN U.S. AR YES. NO OR UNKNOWN)   I IF YES, GIV YES W. W	MED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 421-09		Rine M.	Day same	as #13		
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TO FUNE should be with the S		DN JOHN BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR		23d. LOCATION	TAK	oma P	ARKM
BP	Be	urial UNERAL DIRECTOR Franci		Gate of Heave	en Cemet.				nery Mo
HMH - 16 60M 7/84	1	NAME THURLET	S J. CULLUNGOBRESS	160	0	CT 0 6 198	P	Day Hillams	- NOTOR



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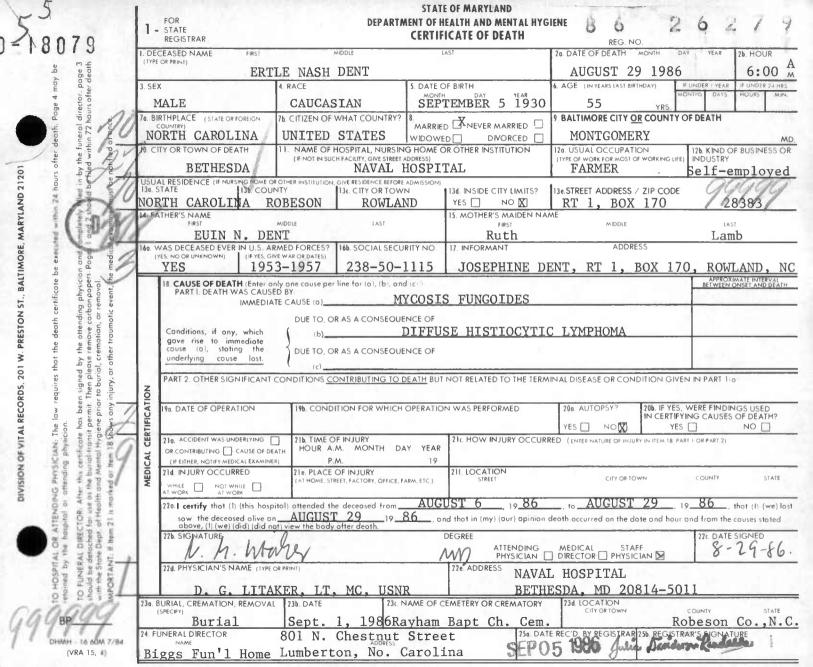
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0		emale	White	Dec. 1, 1		YRS.		DEAD			986 A. M
4		RTHPLACE (S	DIATE OR	76. CITIZEN OF W	HAT COUNTRY?		ED NEVER MARE	LIED L	ORE CITY OR C		
-		New Yo		U.S.A		WIDOW		CED 🗆	Montgome	ry Cour	ity MD.
1	10. CI	TY OR TOWN		11. NAME OF HOS	SPITAL, NURSING HOA	AE, OR OTH	ER INSTITUTION	12a. USUAL OCCU	PATION (TYPE OF V	VORK 126. KINE	OF BUSINESS NDUSTRY
0	1	Bethes			Dover Road			Homema	ker	Own	Home
8	130. S		(IF IN NURSING HOME		IVE RESIDENCE BEFORE ADMIS	SION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRI	ESS		
0	M	larylan	d Mor	ntgomery	Bethesda		YES NO	4805 Do	ver Road	/20816	
294		ATHER'S NAM	E				15 MOTHER'S MAID	ENNAME		1.0	-
	)	Willi	am	WIDDLE	McMillan		Annie		AIDDLE	His	gins
,	16a. V	VAS DECEASE	D EVER IN U.S. AR		166. SOCIAL SECUR		17 INFORMANT		49808 I	aurel S	St.
1	(Y	NO, OR UNKNE	OWN) (IF YES, GIVE	WAR OR DATES)	217-36-7	056	Willard	A. Delano	-		
	<b>=</b>		DE DEATH /E-A	al	e for (o), (b), and (c).)		THE LEGIS OF	n. Dezane	, 141114		OXIMATE INTERVAL
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L ERMAIION, OR REMOVA		Conditio	ons, if any, which								
		gave r	ise ta immediate	(b)	<u>generalized</u>		rioscleros	is.			100
		lying co	) stating the <u>under</u> use last.	DUE TO, OR	R AS A CONSEQUENCE	OF					
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_	Ó				lone						
5	13	190. DATE O	POPERATION	19b. CONDI	ITION FOR WHICH OPE	RATIONW	AS PERFORMED?			20 AU	TOPSY?
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)	MEDICAL CERTIFICATION		AL CAUSE WAS	216. TIME O	FINJURY A. MONTH DAY YEA		OW INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18 PART	1 OR PART 2)	
)	3	CONTRIBUT	G OR ING CAUSE OF	DEATH P.A				None			
	EDIC	21d INJURY	OCCURRED	21e PLACE	OF INJURY (AT HOME.		CATION				
	2	WHILE DAT WORK	NOT WHILE	STREET, FAC	TORY, FARM, ETC.)		STREET	CITY OR TO	WN	COUNTY	STATE
								V			
		220   cert	ify that I took char	ge of the remains de	scribed above, held on	Autop	sy , Inspectio	an 🔝 , Inquiry	L, and in	my opinion	
		death resul	ted fram: Natu	couses .	Accident	oicide L	, Hamicide .	Undetermined m	anner,		
	13	ACTUAL	///	100	11		TITLE (SPECIFY)		,	DATE 0	100100
7	-	SIGNATURE	1	1	10 74	rem	D Deputy	MEDICAL EXAM	AINER	SIGNED	/30/86
×	1	EYAMINED	NAME -		0		1919 ADDRESS Silv	Seminary	Road		
× -	1	(TYPE OR-PR		hn S. Rog			ADDRESS Silv	er Spring	Montgor	mery Co	unty, MD
	23e. B	URIAL, CREMA	TION, REMOVAL	236 DATE	23c. NAME OF C	EMETERY O	R CREMATORY	23d LOCATION		COUNTY	STATE
							rial Park	Fair	fax, VA		
	24 F	UNERAL DIREC	CTOR Joseph	Gawler's	Sons, Inc	•	250. DATE	REC'D. BY REGISTRA	R 25b. REGISTRA	AR'S SIGNATUR	RE
((	51	30 Wis	consin Av	ve NW Wash	ington, D.C	. 20	016 11	11 03 198	36	mywythia g	Service Comments

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 2a DATE OF DEATH MONTH 2h. HOUR 86 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS HOURS -1908 7a. BIRTHPLACE **BALTIMORE CITY OR COUNTY OF DEATH** I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY lontanmery DIVORCED SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 20910 13a. STATE 113b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME ARMED FORCES? -64-5109A JIMENA S. DEL SOLAR 18 CAUSE OF DEATH (Enter only one couse per line for on (b), and is PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) EDNONIA, EMPRENEAUT Canditians, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REFATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 220.1 certify that (1) (this hospital) ottended the deceased from sow the deceased olive on and that in (my) (our) apinian death occurred an the date and hour and fram the couses stated DEGREE ATTENDING DIRECTOR | PHYSICIAN PHYSICIAN 22e ADDRESS CREMATION REMOVAL 23c NAME OF CEMETERY 23d LOCATION 73k DATE OR CREMATORY DHMH - 16 60M 7/84 (VRA 15, 4)

- 100	61	1 -	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 6	2 5 2 1 3
1-133	0 1		EASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONT	TH DAY YEAR 26. HOUR
pe	page 3 or death	TYPE	CURT	TIS E	DEN	MISON	09	29 86 3:35Am
ma)	<u> </u>	3. SEX		4. RACE	5. DATE	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
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le ath. p	in 72 ho	Wa	STHPLACE (STATE OR FOREIGN OUNTRY) Shington DC	76. CITIZEN OF WHAT CO	WIDOW		9. BALTIMORE CITY OR CO	JM EC MD.
on softer o	by the fulled with		AKOMA PARK	17. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, WASHING	GIVE STREET ADDRESS)	OR OTHER INSTITUTION ENTIST HOSPIT	120 USUAL OCCUPATION  TYPE OF WORK FOR MOST OF WOR  Carpentry	12b. KIND OF BUSINESS OR INDUSTRY Contractor.
MARYLAND 2120	4	JUSUA	L RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDE	OR TOWN	4 134 INISIDE CITY I JAAITS?	13e.STREET ADDRESS / ZIP 5638 Utah 2	CODE 94999
YLA	是沙漠土	14 FA	THER'S NAME			15. MOTHER'S MAIDEN N	AME	
A A	#/101		Lemuel	Denni	son	Ellanor	WIGDIE	Jones
	S- 19		(IF YES, GI		TAL SECURITY NO.	17 INFORMANT	ADDRESS	- OOTICS
BALTIMORE,	Pod a	No			-01-562	Bonnie E	Pfizenmayer	r Same as #13
. : 4	physicio on paper emaval.		18 CAUSE OF DEATH (Enter DI PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line for (o ED BY: (TE CAUSE (a)	CO NESA	vatory a	nert	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death cer	carbo carbo n, ar re			DUE TO, OR AS A CO	DHSEQUENCE OF	< / /		2 1 1 2 1 3
W. PR	by the atternation, cremation		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CO	ONSEQUENCE OF	e Campin	ma	
. 20 es	gned en plec burial rry, or	_	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	TING TO DEATH BU	TNOT RELATED TO THE TER	MINAL DISEASE OR CONDITIO	ON GIVEN IN PART 1(a
ORD	t. The ar ta	TION	Status port			anewyon	resection	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requirenteding physician.	os bermine pri	CERTIFICATION	19a. DATE OF OPERATION	1	all.	ON WAS PERFORMED	IN (	. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
TAL: The	she h	ERTI	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	Thorace	1216 HOW INJURY OCCU		YES NO
OF C Phy	rial-troi ental Hy Item 18		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MO	NTH DAY YEAR		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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IVISI IG PI	s the s the and and rked	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTOR	RY, OFFICE, FARM, ETC }	STREET	CITY OR TOWN	COUNTY STATE
9 5	S: Af		220.1 certify that (1) (this hosp		ed from Jef		5 to dept. 29	19 £ 6 that (1) (we) last
ATTE	of the state of th		saw the deceased alive ar above, (I) (we) (did) (did no	ot) view the body after dea	th. 19 0 6	nd that in (my) (our) opinio	n death occurred on the date or	nd hour and from the couses stated
OR of o	DIRE Ochec Dept F frem		22L SIGNALURE	1		DEGREE ATTENDING	MEDICAL STAFF	221. DATE SIGNED
ITAL by th	Stote deta		John	June.	ins	PHYSICIAN	DIRECTOR PHYSICIAN	3 9/29/86
HOSP Tained b	Should be deta with the Stote		1001 L. Se	pares un	J	7600 Cam	ol Ave, Takon	na Reck Mid 2098
nann	F 23 3 3 4 1	23a. B	URIAL, CREMATION, REMOVAL	L 23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
1777BP	79		Burial	40ct1986	Cedar	Hill Cemet		
	/16 60M 7/B4 /RA 15, 4)	24 FU	NERAL ROBERT E NAME Funeral H	Wilhelm ome	^DSuitla	25a. D/	ATE REC'D. BY REGISTRAR 256. R	REGISTRAR'S SIGNATURE



ge 3	(TYP	OR PRINT)	obert	2	D	entz	9/27/	86		12:45 RA
of port	3. SE	male	4. RACE	is ion	5. DATE O	DAY YEAR	6. AGE (IN YEARS LA		UNDER I YEAR	HOURS MIN.
419	1	IRTHPLACE (STATE OR FO	OREIGN 76. CITIZEN OF	WHAT COUNTRY?	В	h II, 1926  D I NEVER MARRIED [	9 BALTIMORE CITY O	R COUNTY O	FDEATH C	ounty
TX-	_	ashington,		HOSPITAL, NURSIN	WIDOW IG HOME	DIVORCED DIVORCED DR OTHER INSTITUTION	120 USUAL OCCUPATION	ON	12b. KIND O	MD. F BUSINESS OR Public
<u>68</u>	5	1 ver Spring	OME OR OTHER INSTITUTION	CH FACILITY, GIVE STREET	ADDRESS)	HOSPITAL	Consultant	F WORKING LIFE)	Relat	ions
35	130.	HID I	COUNTY	13c CMY OR TOW		13d INSIDE CITY LIMITS?		ZIP CODE Flow	2085 Er V	My Ct.
exp ond 2 s		Joseph	Edwin	Dentz		15. MOTHER'S MAIDEN N HERST Mary	E.		McQu	
medicol	160. Y	VAS DECEASED EVER I YES, NO OR UNKNOWN) <b>CS</b>	U.S. ARMED FORCES?	579-26-6		Marjorie Ann				Valley , MD
emoval.		PART I. DEATH WA	(Enter only one couse pe AS CAUSED BY: IMMEDIATE CAUSE (o)	Cart	9 9 e	scure	Coll aps &		BETWEEN O	MATE INTERVAL DINSET AND DEATH
mave corp notion, ar r troumotic		Conditions, if any, gave rise to imm	nediote ( )	-		a & Cenouse	PRIM	404	11	~
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in permit. Their iene prior to bi	CERTIFICATION	19a DATE OF OPERAT				N WAS PERFORMED	20a AUTOPSY?  YES \( \text{NO} \)	20b. IF YES, V		GS USED
certificate rial-transif entol Hygis Item 18 sh	08	210. ACCIDENT WAS UNDI OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH HOUR A	DF INJURY M. MONTH DA	AY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART	I OR PART 2)	
s the bur ond Me	MEDICAL	21d. INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	216 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
for use o of Health 21 is mor		saw the decrase	d alive on d) (did nat) view the bady	108		nd that in (my) (our) opinion	n death occurred on the do	, 19 ote ond hour o		that (I) (we) lost
detoched ote Dept. IT: If Item		778 SIGNATOR	)		0.1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	226. DATE S	SIGNED 8
should be do		22d. PHYSICIAN'S NA	ARH. LE	dine		22e. ADDRESS	* 60 8 cc. *			
5 % ½ §		BURIAL, CREMATION, F (SPECIFY) Buria				EMETERY OR CREMATORY Heaven Ceme		Sprin	оинту М	arylahd

24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes,

P.A. 300 W. Montgomery Ave. Rockville, MD.

MIDDLE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO.

2b HOUR 12:45 B

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

To DATE OF DEATH ADMIN

BP\_ DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

REGISTRAR

DECEASED NAME

- STATE

10,100,100

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00:18940	1 -	FOR STATE REGISTRAR	DEF	PARTMENT OF HEAD	FMARYLAND TH AND MENTAL HYO ATE OF DEATH	GIENE 8 6	2 6	281
by be a death		CEASED NAME FIRST OR PRINT)	LETTE B.	DEPT	VICK	20. DATE OF DEATH MONTH	21 86	26. HOUR 5729 M
e 4 may ctor, pag safter de	3 SE		1 RACE WHITE	5. DATE OF B	IRTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
oth. Pog		RTHPLACE (STATE OR FOREIGN OUNTRY) New York	76 CITIZEN OF WHAT COUP United Sta	MARRIED	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUN		County
offer de lining		POCKILLE	11. NAME OF HOSPITAL, N			126 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING Homemaker		
24 hours	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUNTAIN	OTHER INSTITUTION GIV RESIDENCE	E BEFORE ADMISSION) R TOWN 136	I INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CO		
ompletely	14. FA	THER'S NAME John	MIDDLE Scra	ST	MOTHER'S MAIDEN NA Veronica	ME	Symacz	
be executed an and comp s. Poges I an		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (1F YES, GIV	MED FORCES? 16b. SOCIAL (F WAR OR DATES)		informant inda E. Ha	2843 We arper Grapevi	at Com	- L
Tificate by physicia mpagers.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per line (a), in BY. TE CAUSE (a)		elmana	awas	BETWEEN	ONSEJ AND DEATH
es that the death certificate ned by the attending physici plesse remave carbangaper urial, cremation, ar remaval.		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CON  (b) WILL  DUE TO, OR AS A CON  (c)	SEQUENCE OF	grypina Gentrale	2 oblaven,	ling	
sig hen to b	NOIL	Maline	Try Traing.			ainal disease or condition		
The law re- icran.  te has been sst permit. I	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V			YES NO NO	YES, WERE FINDI RTIFYING CAUSES YES []	
physi fiftical filtical filtical filtical filtical filtical filtical		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	H DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
NG PHYSIC attending ther the burion as the burion th and Ment	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY)		LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTENDII spital or CTOR: A for use: of Health			(117 17	_19		death occurred on the date and	haur and fram the	
SPITAL OR A by the how NERAL DIRE be deforched e Stote Dept TANT. If then		PULL C	whalle	2 h	· · · · · · · · · · · · · · · · · · ·	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE	1/87
TO HOSPITAL ( retained by the TO FUNERAL E should be deta with the State E iMPORTANT; If		RUBEN	COSCA IM	0.	A-REWOOD		Y CARO,	WSIT
BP	(	SURIAL, CREMATION, REMOVAL SPECIFY Cremation	24,1986		etery or crematory litan natory	23d LOCATION Alexandria		
DHMH - 16 50M 4/B3 (VRA 15, 4)	24 F	JNERAL DIRECTOR Rober 00 West Monto	t A.Pumphre	Rockville	I Homes Si	TE REC'D. BY REGISTRAR 256 REG EP 23 1986	GISTRAR'S SIGNAT	TURE Unported



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19798	1 - STATE REGISTRAR			CERTIF	EALTH AND MENTA ICATE OF DEATI	Н	8 6 REG. NO		) Én	o o
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ge 4 mo	Female	4 RACE Black		Juny		58 58	(IN YEARS LAST BIRT	MONTH YRS.		IF UNDER 24 HRS HOURS MIN.
death. Po	To BIRTHPLACE 1STA South Caro	TEORFOREIGN 76 CITIZEN  1 ina USA	OF WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCE	ED 🛄	ntgomery	-	EATH	M
offer de withir	10 CITY OR TOWN O	F DEATH 11. NAME (IF NOT II	OF HOSPITAL, NURSII	NG HOME C	R OTHER INSTITUTE	ON 12a US	UAL OCCUPATION	ON 12 WORKING LIFE) IN	DUSTRY	BUSINESS O
and be file	13a. STATE	F NURSING HOME OR OTHER INSTITU 13b. COUNTY  Montgomery	13c. CITY OR TOV	RE ADMISSION)	13d. INSIDE CITY LIN YES [X NO [		cator REET ADDRESS / Luray F			301100
O National	Maryland  14. FATHER'S NAME FIRST  Kade Breed	MIDDLE	LAST		15. MOTHER'S MAID Odessa		ns		LAST	
Poges Pedicol	160 WAS DECEASED {YES, NO OR UNKNOW NO	EVER IN U.S. ARMED FORCE N) (1F YES, GIVE WAR OR DATE			Edward De	ezon 905	ADDRES		lum.	Md.
ow require the been signed trent. Then prior to be any injure, on the control of	PART 2 OTHER	SIGNIFICANT CONDITION PERATION 196 CC					SEASE OR COND	20b. IF YES, WE	RE FINDING	
SICIAN: The Ing physician. certificate has vial-transit per ental Hygiene (ental Hygiene Item 18 shows	OR COLUMNICATION OF		AE OF INJURY R. A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY (	YES	ITER NATURE OF INJUR	YES 🗌		NO 🗌
offending offending er this ce s the buring and Mer	21d. INJURY OC	CURRED 21e. PLA	ACE OF INJURY LE, STREET, FACTORY, OFFICE.		211 LOCATION STREET		CITY OR TOV	VN C	OUNTY	STATE
TTENDIN priol or TOR: Afr for use o of Health	sow the de	at (1) (this haspital) attended	REP 21 198		d that in (my) ( <del>our</del> ) o	86, to apinion death o	SAPTURE COURTED ON the do			at (1) (🖦 las
PITAL OR A by the hos ERAL DIREC se detached State Dept. ANT: If Item	MINISIGNATUR	esh Bro	ever M	(1)			ICAL STAF	F IAN 🗆	PAJE SI	GNED 16
o HOSPITAL erained by 1 TO FUNERAL should be det with the State (MPORTANT:	JAY.	'S NAME (TYPE OR PRINT)	ZOWN M	6	R	DOKNILL		20850	#2	32
BP	230. BURIAL, CREMAT (SPBURIA)	30,	1986 Li	incoln	Memorial	St	iocation litland,			STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	74. FUNERAL DIRECTO	Georgia Ave.	N.W. Wash	ington	, D.C.	25a. DATERICE	1 1986°	25b. REGISTRAR	SIGNATUL	Excess

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN AT (TYPE OR PRINT) ESTI-DEATH MATED Joseph IF UNDER 24 HRS DATE LAST BIRTHDAY) RONOUNCED 3 72 DEAD 1914 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York USA DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 130. STATE 13d INSIDE CITY LIMITS? MIDDLE Michael Dietrich Katherine Keenan 166 SOCIAL SECURITY NO. 17 INFORMAN Trotter Rd. (YES, NO. OR UNKNOWN) 065-14-5963 Howard Parlette Clarksville, Md. ves ZAPUZAS INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b) and (c). PART I DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described obave, held an Autapsy Inspection Inquiry ond in my apinian TO MEDICAL EXAMINI
EXECUTE THE CERTIFIC,
PAGE 4 SHOULD BE F
TO FUNERAL DIRECTO
AFTER DEATH, WITH THE
BALTIMORE, MARYLAF deoth resulted from: Suicide Homicide Undetermined manner Natural causes TITLE (SPECIFY) MEDICAL EXAMINER EXAMINE Dr. John Rogers ADDRESS 1919 Seminary Rd. S.Spr., Md. 230. BURING EREMATION, REMOVAL 211. NAME OF CEMETERY OR CREMATOR hicumChapelCemet arksville Howard Md. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** ZECK FUNERAL HOME INC. (VR A15 ME (5))

. Ball State Store In Colonia .DE. MINTERELL

1910 Serinary R. S. spr. Hd.

| 9/5/86 | LinthicumuhaceiCometrinesuville | part |

and Maria Company Sales and a contract

arenos meou ru

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYG
CENTIFICATE OF BEATH

IENE CERTIFICATE OF DEATH

YES 🔛

NO

Jennie

IS MOTHER'S MAIDEN NAME

LAST

Dolgow

REG. NO. 20 DATE OF DEATH 26 HOUR 55 September 20,1986 LIN YEARS LAST BIRTHDAY YEAR 76 BALTIMORE CITY OR COUNTY OF DEATH

4 RACE S. DATE OF BIRTH 3. SEX MONTH M ale 03/04/10 C aucasian TO BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY WIDOWED Russia DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Bethesda Suburban Hospital WOULD RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
138. STATE
13b. COUNTY
13g. CITY OR TOWN 13d INSIDE CITY LIMITS?

MIDDLE

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Broker Real Estate 13e.STREET ADDRESS / ZIP CODE Hebrew Home of Gr. Washington

Dolgow LAST

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

14 FATHER'S NAME William MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No

PART I. DEATH WAS CAUSED BY:

Montgomery

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)

Irving

166 SOCIAL SECURITY NO 146 20 7777

Rockville

MeInick

17 INFORMANT 10618 Kenilworth Ave., Joanne Dolgow Bethesda Md

Montgomery

IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse

- STATE

TYPE OR PRINT

REGISTRAR

1. DECEASED NAME

MD

DUE TO, OR AS A CONSEQUENCE OF MURCARAL

DUE TO, OR AS A CONSEQUENCE OF corenary

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [ NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

CITY OF TOWN

LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED NOT WHILE

MEDICAL

19n DATE OF OPERATION

P.M 19 21e PLACE OF IN IURY (AT HOME STREET, FACTORY OFFICE, FARM ETC.)

211 LOCATION

22a.1 certify that (1) (this haspital) attended the deceased from\_ sow the deceased olive on\_ above, (1) (we) (did) (did not) view the body after death

and that in (my) (port) opinion death accurred an the date and hour and from the causes stated DEGREE

226. SIGNATURE 224. PHYSICIAN'S NAME (TYPE OR PRINT)

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED 20-86

STATE

NDERSON MO

22e ADDRESS

11125 ROCKUILLE

STREET

MOCKUILLE

COUNTY

BURIAL CREMATION, REMOVAL Burial

236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION SEPT. 23, 1986 Geo. Washington Cemetery TYOR TOWARD STATE 24 FUNERAL DIRECTOR TVES-Pearson Funeral Homes
NAME Falls Church, Vayor 22046

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

~ www house - planteste

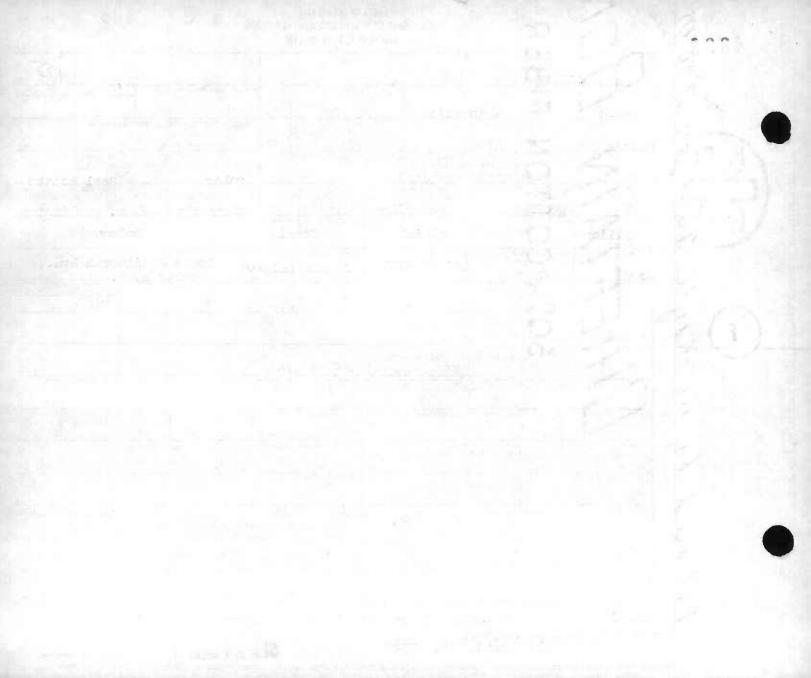
DHMH - 16 60M 7/84 (VRA 15, 4)

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DIREC

FUNERAL

ld b



FOR

20	1 -	STATE REGISTRAR		CERTIFICATE O	)F DEATH	REG. NO	<ol> <li>O.</li> </ol>	
20		CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY YEAR	26. HOUR
		Stephe	en V.	Dooling		September	3, 1986	815 AN
12	1.50	MALE	CAUCASIAN .	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRT	(HDAY) (FUNDER I VE. MONTHS DAY	
8		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEV	/er married 🔲		RCOUNTY OF DEATH	
Z	T	SETHES DA		CONERT		12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Consultant	F WORKING LIFE) INDUSTE	OF BUSINESS OR RY <b>keting</b>
5	10.5	ACTL AND NON	ROTHER INSTITUTION GIVE RESIDENCE BEFORE  NTY  TECHNERY  131. CITY OR TOWN  TECHNERY  TECHNERY	SO A 13d INSIE	DE CITY LIMITS?	13e.STREET ADDRESS	NICONER WICONER	20814 7 DRIVE
50	4. F.A	Stephen V:	incent Doolin		HER'S MAIDEN NAM	Helen	Gall:	
/		VAS DECEASED EVER IN U.S. AR (15 NO OR UNKNOWN) (15 YES, GIV 1956	MED FORCES? 166 SOCIAL SECU 167 SOCIAL SECU 168 SOCIAL SECU 169 SOCIAL SECU 169 SOCIAL SECU 169 SOCIAL SECU	7	n M. Dool		old Town Coundria, VA	urt 22314
		18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b), and				APPR BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a) TETAST ( DUE TO, OR AS A CONSEQUE	U DITA	NDIFFER	STAITUBL	0 5	ROWITTS
-	NO	cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO E		ATED TO THE TERM!	inal disease or cont	DITION GIVEN IN PART	lia
7	TIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH		RFORMED	200 AUTOPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	
9	CAL CERT	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		21c. HOV	w injury occurri	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2	9
/	MEDIC	21d. INJURY OCCURRED  ILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F)	21f LOC	ATION	CITY OR TO	wn COUNTY	STATE
21 11 110		saw the deceased alive an	tal) attended the deceased fram  7-26  19 St. Lyjew the body after death	6 and that in (		, to	. 17	_, that (I) (we) last he causes stated
NT. II Ben		226 SIGNATURE Lea	OD, MD.	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAF	F _ 09	7-03-86.
MPORTA		JEAN UIAL	LLET, ONCOLOG	Y RE	THE SOF	A WAUAU	- HOSP!	TAL.
- 37	{	Cremation	9-4-86 Met	ropolitan		23d. LOCATION CITY OR TOWN Alexand	ria, Virgir	state nia
M 7/84	24 FU		rd Rapp, Inc RDDRESS		25a. DATE	REC'D. BY REGISTRAR	256 REGISTRAR'S SIGN	ATURE
5, 4)			W. WAshington,	DC 20009	SE	P 8 1986	grand die	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

THE PROPERTY OF THE PROPERTY O

45	1.	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL H IFICATE OF DEATH	IYGIENE O O	2 6	2 8 3
W. F.		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YEAR	2b HOUR
100		ROBERT			DORMAN	COL TONINCEIN	9. 1986	3:11 m
de	NSE.	(	4. RACE	MO		6 AGE (IN YEARS LAST BIR		EAR IF UNDER 24 HRS
2		ALE	CAUCASIAN	AUG	IST 6, 1912	74	YRS	
5	co	RTHPLACE (STATE OR FOREIGN OUNTRY) NNECTICUT	76. CITIZEN OF WHAT	MARE WIDO'		HOM HOM	R COUNTY OF DEATH	MD.
1	10. C	TY OR TOWN OF DEATH		TAL, NURSING HOMITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON 12b. KIN F WORKING LIFE) INDUST	RYFED GOVT.
		LVER SPRING		DSDALE DR		ECONOMIST &		
>	13a. S	RYLAND MON	TGOMERY SIL	UTY OR TOWN  VER SPRING	134 INSIDE CITY LIMITS	10713 WOO1	SDALE DRIV	LAST
9	16a V	WALTER VAS DECEASED EVER IN U.S.		ORMAN SOCIAL SECURITY NO	LOUISE_	ADDRI	MAI	LE
1			GIVE WAR OR DATES)	7-42-5921	ELSIE S. DO	RMAN WIFE	SAME AS 1	2
injury, or other tra	NOI	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAT	DUE TO, OR AS A		UT NOT RELATED TO THE TI	ERMINAL DISEASE OR CON		T lias
9	CERTIFICAT	198 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTO	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED SES OF DEATH?
5	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	HOUR A.M. AND P.M.	MONTH DAY YEA	R P	CURRED (ENTER NATURE OF INJU	RY IN ITEM IB PART T ORPART	2)
ched	WED	214 INJURY OCCURRED	21e PLACE OF IN (AT HOME, STREET, FA	JURY CTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
ж 21 із то			aspital) attended the dece on September 3 d not) view the body after	19861	and that in (my) (aur) opin	on death occurred an the d	ate and havr and from	
# = - /		SIGNATURE J	pestor n	9		MEDICAL STA	FF O	986
MPORTAN		IS GEL S	PECTOR	MO	12001 Feri	raraAve. W	heaton M	d. 20906
34		BURIAL, CREMATION, REMOVISPECIFY)			CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY	STATE
77	24 F	BURTAL JNERAL DIRECTOR FRAN	ISEP. 11, 19	INC TO	AL MEMORIAL P	PARKI FALLS CHI DATE REC'D. BY REGISTRAR	IKCH 25b. REGISTRAR'S SIGI	VIRGINIA NATURE
7/84		NAME FRAN		- TO BE INC. D.D.		SEP 1 5 1088		ungage.

THE AMERICAN TRANSPORT TRANSPORT TRANSPORT TRANSPORT \$77-47-5921 [LISTE S. 1008]/All | THE | CAVE IS IS Diffuse Historythe Lepmononia 2 months

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12	1				STATE OF MARYLAND	(2) by	262	8 9
0-18039	1.	FOR STATE REGISTRAR		DEPARTM	ENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	fra de las	
		CEASED NAME FIRST	MIDDLE		LAST	2a. DATE OF DEATH MO	NTH DAY YEAR	2b HOUR
nay be poge 3	,,,,,,	Carro	oll Mauri	ce Do	rsey	September 7	, 1986	9:02am
Ter d	3. SE		4. RACE		5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	MONTHS DAYS	IF UNDER 24 HRS
ge 4 ector	1	M ale	Black		April 26,1908	78	YRS. 4 11	, min.
Pog Hours	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT		8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR	OUNTY OF DEATH	
100		aryland	U.S.A		WIDOWED DIVORCED	Montgomery		MD.
The fee	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPE	TAL, NURSIN	S HOME OR OTHER INSTITUTION DDRESS)  al Hospital	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY	F BUSINESS OR
Filed Filed		Olney AL RESIDENCE (IF NURSING HOME				Trackman-	B.& O. R	.RRe
4 hou	130.	STATE 13b. CO	UNTY 13c. C	ITY OR TOWI	1 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
2 P		aryland Fre	ederick M	t. Ai	YES NO X	4440 Mill	Bottom Re	d. 2177
1 (13) M/		FIRST	MIDDLE	LAST	FIRST	MIDDLE	LAS	1
xecuted we might be a secured and a secured	160	Upton WAS DECEASED EVER IN U.S. A		rsey	Mary RITY NO. 17. INFORMANT	ADDRESS	Savoy	
BALTIMORE, MARYLAND 2120  Tote be executed within 24 hours  Sicion and completely find in bypers. Page of and 2 minute be fill vol.  The medical complete shape fill vol.  1, the medical complete shape in the medical			GIVE WAR OR DATES)	0-09-		longou Same	e As #13	
cion e be ers. P	=				J290 Builer E. I	orsey, bank		MATE INTERVAL
ficot ficot pap pap novo ent,		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	SED BY:	whoy	relating these ?	ex meeter	9/	- SHETAND DEATH
certi rban r ren		IMMEDI	IATE CAUSE (a)	1	0,	-	- '/	1
PRESTON the death c emove cork emotion, ar er traumatic		Conditions, if ony, which	DUE TO, OR.AS, A	CONSEQUE	Il Infaction P	UC, Hypole	ora 91	7
he de de motion		gove rise to immediate couse (a), stating the	(6)	Churrour	use of	/ /		
W. nat t		underlying couse lost.	DUE TO, OR AS A	CONSECUE	NCE OF			
DIVISION OF VITAL RECORDS, 201 W. ING PHYSICIAN: The low requires that to ottending physicion.  After this certificate hos been signed by the surficial permit. Then please the ond Mental Hygiene prior to buriol, creations orked or them 18 show-any injury, or other orked or them 18 show-any injury, or other orked or them 18 show-any injury, or other or the order or them 18 show-any injury, or other or the order of the order or the order of the order order of the order or		PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRI	BUTING TO D	EATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDIT	ION GIVEN IN PART 16	
RDS equi The r to k	ON	MI x 3	CVA					
Prio prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH	OPERATION WAS PERFORMED		Ob. IF YES, WERE FINDING CAUSES	
TALR The Idion.	RTIF					YES NO	YES [	NO 🗌
AN: T shysical ficate fransi I Hygi I B sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF I	216. TIME OF INJU	JRY MONTH DA	Y YEAR 216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART   OR PART 2)	
SICIA ng p certif certif hentol-i	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	NER) P.M.		19 21L LOCATION			
PHY? rending this he bu	WED	21d. INJURY OCCURRED  WHILE NOT WHILE	21e. PLACE OF IN.			CITY OR TOWN	COUNTY	STATE
NO Property of the control of the co		AT WORK AT WORK			9/	4/2	10 14	
fol o OR:		22a I certify that (I) (this has			ond that in (my) (our) opinion	death occurred on the date		that (I) (we) last
R ATT haspii hed fo hed fo ept. of tem 21		sow the deceased alive above, (A) (we) (did) (did)	not) view the body ofter	death.	DEGREE	-	22c DATE	
0 0 0 0 0		lette	plescores	has		MEDICAL STAFF		11
	-	22d. PHYSICIAN'S NAME (TYP	PE OR PRINT)		PHYSICIAN 22e. ADDRESS	DIRECTOR   PHYSICIAL	2 6	0
O HOSPITAL efoined by th TO FUNERAL should be deter with the Store	П	Annys	SUMPHOUS	>	18111 Pri	u Phil d	20832	
TO H shoul	230	BURIAL, CREMATION, REMOVA	AL 23b. DATE	123c N	AME OF CEMETERY OR COOK	23d. LOCATION		
BP		(SPECIFY) Burial	9-10-19		White Rock	CITY OR TOWN	Carroll	Md.
	24. F	UNERAL DIRECTOR	1 20-17		250 DA	TE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNAT	
DHMH - 16 50M 4/82 (VRA 15, 4)	Ch	arles W.Bur	rier, Jr.,	Sykes	ville, Md.   St	410 1300 Am	ia Davidson-Ra	ndaes

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		FOR - STATE	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6	26290
-19550	5	REGISTRAR ECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
\$ 25	179	PE OR PRINT)				10,110011
6 66	1.5	Carol	ee W I4 race	Dreyer Is, DATE OF BIRTH	Sept. 29	1986 6P M
ge 4 m		Female	White	May 29 1903	83 YRS	MONTHS DAYS HOURS MIN.
D 4 co	70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Virginia	76 CITIZEN OF WHAT COUNT	RY? 8.  MARRIED NEVER MARRIED WIDOWED DIVORCED D	9 BALTIMORE CITY OR COUN Montgomery	MD.
6		city or town of DEATH ilver Spring		RSING HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE HOUSEWITE)	126 KIND OF BUSINESS OR INDUSTRY
24 hours	5 US 13a	UAL RESIDENCE (IF NUISING HOME O STATE 131 COU Md. E	R OTHER INSTITUTION GIVE RESIDENCE BE NTY 13c. CITY OR T PG HVat		13e STREET ADDRESS / ZIP CO	
od 2 pp	7.40	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		LAST
and com	) 16a		VE WAR OR DATEST	ECURITY NO. 17. INFORMANT 6000	Muncasters Mi	
4 12 4	4	N/A	nly one couse per line for war, but	1370A Louis A.	Dreyer (Son) I	Derwood Maryla  APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH
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equires in the place or to burn y injury, o	NOIL	PART 2. OTHER SIGNIFICANT		TO DEATH BUT NOT RELATED TO THE TERMINATED TO TH		GIVEN IN PART 110 YES, WERE FINDINGS USED
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ATTENDS spital or CTOR. A for our of Healt		22a. I certify that (I) (this hasp sow the deceased of e o above 1) we) (did) (did)	attended he deceased to	11111	deoth occurred on the dote and I	thour and from the couses stated
AL OR A y the hor AL DIRECTAL and Directal		226. SIGNATURE	Houni		MEDICAL STAFF DIRECTOR   PHYSICIAN	930M
D HOSPITA Trained by O FUNER.		Dr. 13		WWIN 18111 P	rince Philip	Dr.Olney,Md.
BP	230	BURIAL, CREMATION, REMOVAL SPECIFY I al	10/2/86	The state of the tery of the state of the st	Brentwood	PGNTY Md. STATE
DHMH - 16 60M 7/8 (VRA 15, 4)	34	FUNERAL DIRECTOR Himes/Rinald	i 11800 New	Hampshire Ave	SEP 2 9 1986	SISTRAR'S SIGNATURE

17970	1	FOR - STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	REG. NO	
		CEASED NAME FIRST	WIDDLE	LAST		ONTH DAY YEAR 25 HOUR
五 四年	1	Virgin	ia Bugg	Driver	Sept.	7 1986 11:40 %
E 65	3. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN
B 25 0 0	4	F.	Caucasian	August 31 190		YRS.
1 00 20		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT		9 BALTIMORE CITY OR	COUNTY OF DEATH
		Albert Arthur Sant and Arthur	IISA	WIDOWED DIVORCED		ME
1 21 20	10.0	WAR SWIN OF BEATH	11. NAME OF HOSPITAL, NUF	RSING HOME OR OTHER INSTITUTION		N 126. KIND OF BUSINESS OR
5 32 600		Silver Spring	Halu Cross 1	Hospital	Book Keeper	Ins. Company
2 52 5	USU	AL RESIDENCE JIP NURSING HOME STATE 1136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE IN	FORE ADMISSION)	ITS? 130 STREET ADDRESS	
April 1	7		taamery Whea			na Way La. 20902
1.1	14 F	ATHER'S NAME		15 MOTHER'S MAIDE	EN NAME MIDDLE	IAST
3 0 33 4		COUNTY COUNTY	* Kollu Bu		MIDDLE	Hoskins
	Ión.	WAS DECEASED EVER IN U.S. A	ARMED FORCES? IN SOCIALS		ADDRES	is Tropical
2 48 4/		YES, NO OR UNKNOWN) [IF YES, G	INE WAR OR DATES)	6-8263 Charlott	e B. Wilder sa	ma at #12
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the state of the s	1		DUE TO, OR AS A CONSE	QUENCE OF		
4 H 8 H 1	1	Conditions, if ony, which	( (b)			
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4 6 6 6		underlying cause last.	DUE TO, OR AS A CONSE	OUENCEOF		
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to by the A	Z	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	The sound retailed to the	June Orly	71-
A SEPTEMBER	FICATION	In DATE OF OPERATION	THE CONDITION SOR WILL	ICH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
# ## BO	1 3	198 DATE OF OPERATION	148 CONDITION FOR WIT	ICH OPERATION WAS PERFORMED	200 2010131:	IN CERTIFYING CAUSES OF DEATH?
N arte					YES NO	YES NO
AND SHEET	CERT	210. ACCIDENT WAS UNDERLYING			CCURRED (ENTER NATURE OF INJURY	IN ITEM 18, PART T OR PART 2)
YSP PART OF THE PA	13	OR CONTRIBUTING CAUSE OF D	PEAIN	19		
T 2 5 5 5	MEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
MG Page 1	1 2	WHILE NOT WHILE	JAT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
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正る らきまた			spital) ottended the deceosed fro			7 19 8 , that (1)(we) las
A Second		saw the deceosed alive	not) view the body ofter death	9 6 , and that in (my) (our) of	pinion death occurred on the do	te and hour and from the couses stated
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	-	6 Minte	1 A Colonela	ATTEND ATTEND	ING MEDICAL STAF	9/8/96
Sta Al	-	224. PHYSICIAN'S NAME ITYM	1 4. COO 9	1224 ADDRESS	IAN POIRECTOR PHISICI	AND TO SEC
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T a T to X	23a.	BURIAL, CREMATION, REMOVA	AL 236. DATE	30 NAME OF CEMETERY OR CREMAT	TORY 23d LOCATION	COUNTY STATE
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(24)	24 F	LINE TO TOY CY DO		131	DATE RECID BY REGISTRARIZ	Sh. REGISTRAR'S STORE TO THE
DHMH-16 25M		NAME Fran	icis J. Collianoses,			1
(VRA 15, 4) 1/79	50	A University B	Rud West Silv	on Spring Md 2019	01	

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500 University Blvd West, Silver Spring Md 209d1 SFP 1

(VRA 15, 4)

STATE OF MARYLAND

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Spill 8

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Windles   Windles   Worker Markied   Worker   W	
Residence   Resi	M
DESIGNATE RESIDENCE (IF NURSENDENDEM OR OTHER INSTITUTION, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 1831 Arcola Avenue 1850 STATE 1851 Arcola Avenue 1850 STATE	F BUSINESS OF Wrant
18. FATHER'S NAME  1983  1994  1995  1097  1098	20902
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10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.  10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.  10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.  11 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.  12 PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.  13 PART 3. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  14 PART 3. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  15 PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  16 WAS DECEASED EVER IN U.S. ARMED FORCES?  16 B. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  577-05-6895  Margaret D. Scopin Daughter Same at the part of the par	
18 CAUSE OF DEATH (Enter only one cause per line for it). (b), and it:    PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (o)	, recau
18 CAUSE OF DEATH IEnter only one couse per line for its (b), and, ic. 1  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause lost.  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause lost.  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  190 DATE OF OPERATION  190 DATE OF OPERATION  191 DATE OF OPERATION  191 DATE OF OPERATION  192 DATE OF OPERATION  193 DATE OF OPERATION  194 CONDITION FOR WHICH OPERATION WAS PERFORMED  216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION	13
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TE & ETT OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR	
216 INJURY OCCURRED 216 PLACE OF INJURY 216 LOCATION CHYOROTOWN COUNTY	
	STATE
AT WORK  AT WORK  22a. I certify that (I) (this haspital) attended the deceased from  Sow the deceased alive an obove (I) (we) (did) (did not) view the body after death.  DEGREE  12b. SIGNATURE  12c. DATE  12c	
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De D	
230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION	STATE
BP Burial Sep. 18 1986 Gate of Heaven Cometany Silver Spring Montage	meru Mc
DHMH-16 60M 7/84 (VRA 15, 4)  24 FUNERAL DIRECTOR Francis J. Collinsopres Jr.  500 University Blvd. W. Silver Spring, Md.  125 DATE RC. D. BY REGISTRAR 156. REGISTRAR'S SIGNA  500 University Blvd. W. Silver Spring, Md.	URE

Hozzifayel Merdagung Mundon - V 1831 Insula henra 20902

DATA PARAMETERS

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Sep. 15, 1916 Pare of Herman Perstand Silven String Buring and Mal.

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500 University Stud., M. Silver Spring, Vd. H. H. L.

0-18651	1	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 6 6 2	5 2 7 4
1 0431		CEASED NAME FIRST Robe	rt B.	Dunn		5 1986 6:45 M
meter. po	3. SE	Male	4. RACE White	5. DATE OF BIRTH  MONTH  DAY  YEAR  1916	69 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS AONTHS DAYS HOURS MIN.
	1	RTHPLACE (STATE OR FOREIGN COUNTRY)  1. Carolina	76 CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED NEVER MARRIED NUMBER MARRIED NORCED	Montgomer	MD.
2 4 1	5	JUCKSPING	HOLY GOS	APPRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF  Chief Clerk.	12b. KIND OF BUSINESS OR INDUSTRY  Southern Railwa
AND 21	13a.	AL RESIDENCE (IF NURSING NOME OF	NTY IS CITY OF TOW	N 134 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE	Aut. 20902
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ATHER'S NAME WILLIAM	F. Dunn	15 MOTHER'S MAIDEN NA FIRST  Mamie	MIDDLE	Hancock
ATTIMORE MARYLAND ATTIMORE MARYLAND AND CF and the executed within 24 open. Foges 1 and 2 should ool. It his methodocials go at		NAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI YES W		6585 Rodney Dunn	30 O'NERCES Dr., Gaithersburg, M	d. 20877
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that the the four the focus on		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	KAD ATHARUSCIEROS		TEARS
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ATTEND Ougstal o ECTOR of for use of for use of for use		saw the deceased alive ar abave, (1) (we) (did) (did no	itol) attended the deceased from  19  11) view the bady after deoth.		death occurred an the date and hau	
by the by the by the by the bill OR SAL DIR of the black the by t		22b. SIGNATURE	close (a)	DEGREE  ATTENDING PHYSICIAN (	DIRECTOR PHYSICIAN	9/K/K
O HOSPI TO FUND TO FUND The He He S		RICHARD E	DELANEY M	1) 4323 HAVA	RP 5 5.5. 2	0906
ВР	134	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL		NAME OF CEMETERY OF CREMATORY Arlington National	23d LOCATION CITY OR TOWN  Arlington Ar	COUNTY STATE
DHMH - 16 60M 7/84		UNERAL DIRECTOR France	is J. Collinsupres J.	7. 25a DA	LE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
(VRA 15, 4)	50	10 University Bl	lud. West, Silve	r Spring, Md.	1 10 1900 1000	undsor

STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

4											
I. DECEASED		FIRST		MIDDLE	Į.	AST	20 DATE OF DEA	ATH MONTH	DAY YEAR	2b HOL	JR
(TIPE OR PRINT)	RUI	CH	T	REIDE	DUN	NINGTON	SEPTEN	MBER 18	,1986	7	Ам
3 SEX			4 RACE		5. DATE C		6 AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YEA		
Fema:	le		Caucas:	ian	Febr	uary 20,1901	85	YR	MONTHS DAY	HOURS	MIN.
	CE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE				17%
Mary]	land		U.S.A		WIDOWE	D NEVER MARRIED L	Montgor	nerv			MD.
10. CITY OR TO	OWN OF DEA	TH			IG HOME C	OR OTHER INSTITUTION	120 USUAL OCC	UPATION	12h KIND	OF BUSIN	ESS OR
Rockv:	ille			altimore			Artist	MOST OF WORKING	Self	Emp1	oved
USUAL RESID			OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					クムら	71-
Mary	land	Monts	gomery	Rockvill		YES X NO	2004 Ba	RESS / ZIP CO ltimore	Road,	Apt.	dii/
14 FATHER'S	NAME		MIDDLE	TAST	WALES.	15. MOTHER'S MAIDEN NA		DDLE		457	
Geo	rge		Carl	Trei	de	Eusannah	, Aven	DULE	Wint	ers	
	EASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS	11 D J	3.7	
NO OR	(UNKNOWN)	(IF YES, GIVI	E WAR OR DATES)	220-24-8	297	Elizabeth W.	Simpson	Clare	11 Road	York	140
18 CAU	RT I. DEATH W	'AS CAUSEI IMMEDIAT	BY: E C AUSE (a)	or AS A CONSEQUE	Ma	a Aryt	hma	260	BETWEE	DXIMATE INTE NONSET AND	
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23¢ NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

Sept.19,1986 Metropolitan Crematory Alexandria

24 FUNERAL DIRECTOR

Rockville, Maryland Robert A. Pumphrey Funeral Homes P/A

DHMH - 16 60M 7/84 (VRA 15, 4)

00/2/19769	1.	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 2 6 2 9 0  CERTIFICATE OF DEATH  REG. NO.				
noy be poge 3		CEASED NAME FIRST LER	MIDDLE	EA	STERLING	20. DATE OF DEATH MONTH	19 86 0030 <sub>M</sub>
11201  Mon after death. Page 4 may death. Page 4 may feet and feet	3 SE	MALE	4. RACE Black	5. DATE MON	OF BIRTH  DAY  15  VEAR  35	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 MRS. MONTHS DAYS HOURS MIN.
	Wa	RTHPLACE (STATE OR FOREIGN COUNTRY)  shington, D.G.		WIDOW		9 BALTIMORĚ CITY <u>OR</u> COU Montgomery Co	ounty MD.
	7	TY OR TOWN OF DEATH  AKOMA ARK  AL RESIDENCE (15 NURSING HOME O	11. NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GR   WAS HING TO	VE STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IT  Taxi Cab Drive	12b. KIND OF BUSINESS OR INDUSTRY  Private Ind.
TLAND 2		TATE 13b. COU	INTY 13c. CITY C		13d. INSIDE CITY LIMITS? YEST NO	1321 Delafield	Place, N. W.
RECOROS, 201 W. PRESTON ST., BALTIMORE, MARYLAND  I. I	Gr	ent Easterli VAS DECEASED EVER IN U.S. A	ng	AL SECURITY NO.	EIRST	rstling	Rittenhouse St., NW
	No	(ES, NO OR UNKNOWN) [IF YES, G	TVE WAR OR DATES) 578-6	0-3020			er, Washington, DC
		18. CAUSE OF DEATH LEnter of PART I. DEATH WAS CAUS IMMEDIA	ED DV	2010901		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS, A CO	ASIVE	Myo card lerosis	ial Infanti	1 cu
	TION	Advance	ced Ken	al 7	aluve.	MNAL DISEASE OR CONDITION	KILLNEY DISPOSO
	CERTIFICATION	190 DATE OF OPERATION  2)0. ACCIDENT WAS UNDERLYING	196. CONDITION FOR	WHICH OPERATION		YES NO NO NO IN CE	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
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DIVISION  TO HOSPITAL OR ATTENDING PHYSI  FUNETAL DIRECTOR: After this or TO FUNETAL DIRECTOR: After this or THOUGH & detached for use as the burn THE STATE DEPT. of Health and Meel THE STATE DEPT. of Health and Meel THE STATE DEPT. If them 21 is marked or the	W	WHILE NOT WHILE 220. I certify the (1) this hasp	01 1	from	16 19 80	to 919	COUNTY STATE
		saw the deceased alive a above, (I) (we) (did) (did n	at) view the body after de ill	19	DEGREE ATTENDING	death accurred on the date and	220 DATE SIGNED 86
	73n F	HERMAN URIAL, CREMATION, REMOVAL	B. Sego	1230 NAME OF	S. IVEL	Spring Mel	20902
00000	I	SPECIFY) BURLAL	23 Sep 86	Harmony	Memorial Par	k Landover, P.	G. Co., Maryland
9 7 DHMH 16 60M 7/84	24 FU	NERAL DIRECTOR  TRIVEST JARVIS	1432	ieu st.	. NW 250 DA	TE REC'D. BY REGISTRAR 256. REC	GISTRAR'S SIGNATURE

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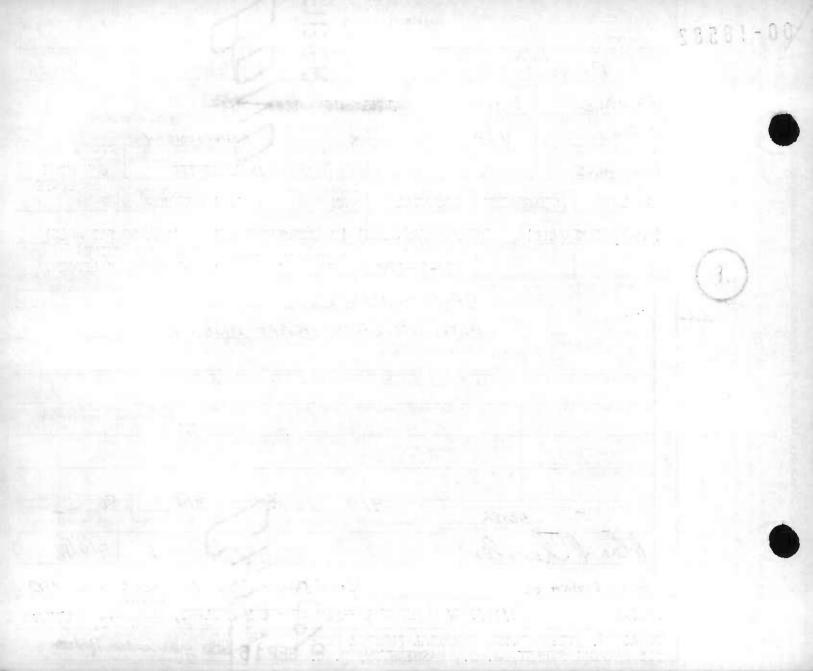
570-CENTERY OF Street S. Frances Arra, Studies, Keskington, SK

W. Mich Carles W., J. W., Calington, D. O.

975n	1-	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	YGIENE 8	) NO.	2 6	2 9 /
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ofter de	3 SE2	(IALE	4	CAUCA:	SIAN	5 DATE C		6 AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS
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189		TY OR TOWN OF DEA		(IENOT IN SI	HOSPITAL, NURSING PACIFICATION OF THE STREET MERY GENE	ADDRESS)	OR OTHER INSTITUTION OSPITAL	12a USUAL OCCUP. (TYPE OF WORK FOR MO MECHANIC		EI INDUSTRY	DEALER
25	13a S MA	AL RESIDENCE (IF NURS TATE RYLAND	NG HOME OR O 13b COUNT MONTG(	Y	GIVE RESIDENCE BEFORE  13c CITY OR TOWN  ROCKVILL	/N	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	15001 RO			0853
151	14. FA	THER'S NAME FIRST KENNETH	E	DDLE .	EATON		PATRICIA	A AN	N	BODE	Ÿ
Poges medical	- (1	vas deceased ever res, no or unknownj 10		ED FORCES? WAR OR DATES)	220-70-		KENNETH E. I	EATON 15001	ROSECR VILLE, M	ROFT ROA	AD D 20853
seen signed by the other in. Then pleose remove rior to buriol, cremotion by injury, or other froun	ATION	Conditions, if ony, gove rise to imrease (o), stating underlying couse  PART 2 OTHER SIGN  DI2 50-fex  199 DATE OF OPERA	nediate g the tost.	ellitu	s, Chror	DEATH BUT	NOT RELATED TO THE TER  LNC Faile  N WAS PERFORMED		20b. IF YES	S, WERE FINDIN	NGS USED
ertificate hos biol-tronsit permital Hygiene priem 18 shows or	CERTIFICATION	210. ACCIDENT WAS UNK	DERLYING	21b. TIME (	OF INJURY	17	21c HOW INJURY OCCU	YES NO J	YE	YING CAUSES S PART   OR PART 2)	OF DEATH?
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FUNERAL DIRECTOR		saw the decease obove (1) (we) (s 22b. SIGNATURE 22d. PHYSICIAN'S N					DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	1	TAFF	221 DATE 9. 10	
TO FUNERAL should be det with the Stote	23a E	ALISON BURIAL, CREMATION, SPECIFY Cremation	NO	23b. DATE	pehr.		14805 F	CITY OR TOWN		Sik Z	7Z 1488
	24. F	JNERAL DIRECTOR ]	Robert				litan Cremate	ATE REC'D. BY REGISIR	AR 256. REGIST		irginia_ TURE,
1MH - 16 60M 7/84	P				ATTO POORESS		o MD	SEP 22 1986	1 June	The Property of	2



	1	FOR	000	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H	VCIENT &	2 6 2 3
8582	1	STATE REGISTRAR	OLT >	CERTIFICATE OF DEATH	REG. NO.	dies O dies
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er deoth	L	Hnna		EFROSS	1919186	11241
	3. SE	-	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS ME
1	70.0	FEMALE IRTHPLACE ISTATE OR FOREIGN	WHITE  76 CITIZEN OF WHAT COUNT	JUNE 15' 190	9 86. YRS.	
Though	1	RUSSIA	USA	MARRIED   NEVER MARRIED	MONTGOMERY	
3		ROCKUILLE	Shady Or	ove Adventist Ho	120 USUAL OCCUPATION 11YPE OF WORK FOR MOST OF WORKING SO. HOUSEWIFE	LIFE) 126 KIND OF BUSINESS ( INDUSTRY  OWN HOME
35	130.	AL RESIDENCE LIF NURSING HOME OF STATE 136 COUP MARYLAND MONT		OWN 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS / ZIP COI	DE 20852 ROAD
5	14. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN I		1.05
\$/		UNASCERTAINABLE		TAINABLE) (UNASCERT,	AINABLE) (UNAS	CERTAINABLE)
1		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	10-3892 IT INFORMANT SIDNEY T.	EFROSS, 5555 BAJ	A DRIVE 60. CALIFORNIA
4)		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b.	), and (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
4			TE CAUSE (g) CARD	IAC ARREST		
No.				OHENCE OF		
5		Conditions, if ony, which	ARTERI	OSCLEROTIC HEAD	RT DIJEASE	
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other		underlying cause lost.	DUE TO, OR AS A CONSE	QUENCE OF		100
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	ER	21a. ACCIDENT WAS UNDERLYING	716. TIME OF INJURY	71r HOW INJURY OCC	YES NOKK	YES NO
19		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	SIMES (ENIER ANIONE OF MAJORI MAINEM IS	TANTI OKTANI E)
# Fe	MEDICAL	116 EITHER, NOTIFY MEDICAL EXAMINER 214. IN JURY OCCURRED	P.M. 21e. PŁACE OF INJURY	19 211 LOCATION		
9	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY
is morked		AT WORK		0/9	4 9/0	8/
ē.		220 I certify that (I) (this hasping sow the deceased alive an	NEVER		, to	, 19 66 , that []] (we
E 5		Goder, Tit (mel Idid) (did ut	t; view the body after death.		on death occurred on the date and ha	
#		274 PIGNATURE	1 h -	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
<b>=</b> .	1	11 con - 4 Car	unces	PHYSICIAN	DIRECTOR PHYSICIAN	7/4/86
MPORTA		22d PHYSICIAN'S NAME (TYPE O	OR PRINT)	22e ADDRESS		
MPORTAN		ACAN CHANAGE	ES	15N25 SHAO	4 GROVERD RO	CKUILLE ME
S		BURIAL, CREMATION, REMOVAL BURIAL	23b. DATE 9/11/1986	MOUNT LEBANON CEME	Y ADELPHI, GEO	NCE MARYLA
4/00	24 5	JUNALDIREGIOR STEIN	UEDDEW UEUADT	AL TUNEDAL MOUT 250 D	ATE REC'D. BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE
4/83				AL FUNEKAL HUME	4004: 414: 16	vidon-fandatt
		32 CARROLL STRE	EI, N. W. WA	SHINGTON, D. C. SE		4



02101-01 Porotie 2. 11-22 28-36 7F FORME LUNITE JU AT 1604- 83 MASHINGTON DIC ILL S. A. Z. MICHIED MICHIED TORON PLEE SUPPLIED FORMEST HERE I SUMMERINGE BY HERE mo may request thing the greet amount and to the CLIFTE LEE DESCON MEZ VESTA The set is the want of the party of the part 1.76 Map 29 1936 History Dark 1 19th Rock Break Boutly Smitheaples Tiken have the States of the or selection of the

1.		1			S	TATE OF	MARYLAND		. 1	1201	
NO		1 - STAT	-		DEPARTMENT	OF HEALT	H AND MENTAL	HYGIENE S	u= d	6501	
שלת -	10005		STRAR	ME	DICAL EXAM	INER'S	CERTIFICATE	OF DEATH	REG NO.	,,,,	7
30-	10033	I. DECEAS	ED NAME FIRST		MIDDLE		LAST	ZO. DATE KN	IOWN IN MOI	NTH 3 DAY YEAR	26 HOUR
	W	(TYPE OR P					THE LETTING	OF I	STI-		
	PLEASE ECTOR. FILES. HOURS STREET,	- 05V	FREDER		P.		ELKIN		AIED U 9-	-2-86 19	M
	E SE	3. SEX	4 RACE	5 DATE OF BIRTH	YEAR LAST B	RTHDAY) MON		ER 24 HRS. 2c. DATE  MIN PRONOUNCE	ED MON	TH DAY YEAR	2d HOUR
	ON SUBSECTION	Male		Dec 7 1		L YRS.		DEAD	9-		7:58
	S NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. 9, WITHIN 72 HOURS REESTON STREET.		LACE (STATE OR COUNTRY)	76 CITIZEN OF WI	HAT COUNTRY?	8. MAR	RIED   NEVER MA	PRIED P. BALTIMOI	E CITY OR CO	UNTY OF DEATH	
	SAN SAN		York	USA			WED DIVO		omery Co	ounty	AAD
	72 S - 4		R TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING H		HER INSTITUTION			ORK 126 KIND OF BUS	SINESS
	PESES /	Roth	esda		CHITY, GIVE STREET ADDR			Mail cle	G HFE)	OR INDUSTR	
	HO 7 H 50	778	SIDENCE (IF IN NURSING HOME					Mail Cle	LK	U S Go	
i	20250	13a. STATE	13b. COUN	NTY	13c. CITY OR TOW	/N		13e STREET ADDRESS	·	208	52
+ 1	4 35 mar	Ma	ryland Mo	ntgomery	Rockv	ılle	YES NO		osveno	r Place	
1	Y NOWY	14. FATHE	R'S NAME IRST	MIDDLE	LAST		15. MOTHER'S MA	IDEN NAME	I.F.	LAST	
	3055	Na	than		Elkin		Kat			Toolf	
	DANCE OF	16a. WAS I	DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SEC	JRITY NO.	17 INFORMANT		ADDRESS		
	S S S S S S S S S S S S S S S S S S S	(YES, NO	OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)			Vivian	E Klein	Same	as #13	
1	N SOFE S	7 11	CAUSE OF DEATH (Enter a	alu ann an an Eiri	- f (-) (b) l (-)	)	1 1 2 1 2 2 2 2 2			APPROXIMATE	INTERVAL
	WIT WE SE	1/ 1"	PART I DEATH WAS CAUSE	D BY:	Aspirati					BETWEEN ONSET	AND DEATH
1	PRESTON ST THIN 24 HO CIL IN ITEM 1 ER ALCNG ANSIT PERMI SL HYGIENE. REMOVAL	1	917 IMMEDIA	TE CAUSE (a)	_						
	PRESTON THIN 24 H CIL IN ITEM ANSIT PER AL HYGIBI REMOVAL		Canditians, if any, which		AS A CONSEQUEN		to di man				
1	E E E E E E E E E E E E E E E E E E E		gave rise to immediate	(b)	mental r	etarda	ETOU				
	N SAN TO		cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR	AS A CONSEQUEN	ICE OF					
1	DS, 201 W WECUTED NG" IN PE ALL EXAM BURIAL -1 AND MEN ATION, C		Tyling Coose last.	(c)							
1	A SENERAL BANK	PART	2 DTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEA	SE OR CONDITION GIVEN IN	PART 1 (g)			
	DIVISION OF VITAL RECORDS. IN SCRIFFICATE SHOULD BE EXECUT RITING THE WORD "PRUDING" IN RDED TO THE CHIEF AMOUGAL EX E3 SHOULD BE USED AS A BURING TO PRIOR TO BURIAL, CREWATION		hypertensiv								
		21a.	DATE OF OPERATION		TION FOR WHICH O			IN.		20 AUTOPSY?	
	NA PER	E		557							
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	O PATERE				MONTH DAY	/EAR	OW HAJORT OCCUR	KED (ENIEK NATURE OF INJUR	IN HEM IBPART I C	JR PART 2)	
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	MARE PAGE	AT	WORK AT WORK	_							
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		22a I certify that I taak char	ne of the remains des	cribed above held	an Autaj	osy X, Inspec	tian . Inquiry .	7	y apinian	
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	WE SEE SE	de	ath resulted fram: Natu	ral causes [X],	Accident,	Suicide	, Hamicide L	· Undetermined mann	er,		
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	<b>₹</b> DREE		E OR PRINT) Mare	garita A.	Korell,M.	.D.	_ADDRESS	11 Penn Stre	æt		
	BATTA	23a BURIA	, CREMATION, REMOVAL	23b. DATE			OR CREMATORY	23d. LOCATION		COUNTY STA	¥4.3
07/	84 BP	Cre	mation	6Sept198	6 Ceda:	c Hil	l Cremat	ory Switl	and	PG STA	Md
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1						DEPARTMENT	OF HEALT	H AND A	MENTAL HYC	GIENE O	2	) 0 1	1 4
0-1907						CE	<b>RTIFICAT</b>	TE OF DE	ATH				
		1. DECE	ASED-NAME Tda	First		Middle		Last N.	berg 20	a. DATE OF DEAT	Н		2b. HOUR
moy pag		(Тур	e or print)	DA		L.	ELS			1	Manth Day	Year	915 M
Stor, Stor		3. SEX			RACE			DATE OF BIR		16.4	GE (In years	IF UNDER 1 YEAR	1F UNOER 24 HRS.
Pag irec	157.5		emale	W	hite /	1/)	,		5, 1882		hirthdoy)	MONTHS DAYS	HOURS MIN.
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s of	21	10. CITY	OR TOWN OF DEATH	/	11. N	AME OF HOSPITAL OR INS	TITUTION (If not	in hospitol	12a. USUAL OC	CUPATION (Kind	of work dane	12b. KIND OF E	BUSINESS OR
201 ours in by		R	30 E 1/1/1	0	He	street oddress) Home	of Gre	eater 1	wash Ho	memaker	ven it retired.)	HO	me
N z pg	100			e deceased liv	ved, if institu	tian: Residence befare	13c. CITY OR T	OWN	3d. INSIDE CITY LIMITS?	13e. STREET	AND NUMBER		
TIAND 2	<b>EX</b>	odmissi	an) STATE MD	1:	3b. COUNTY	Montgomery	Rocky	rille	YES NO	6121	Montrose	Rd. 20	853
		14 FA1	HER'S NAME Firs		Middle	Last	115	MOTHER'S MA	IDEN NAME First		Middle		Last
olet-	5		Mor		Middle	Levy		THE THE THE	Rachel			(Timb	newn)
RE, MANTI cuted will campletely loges I an	C I	16 W	AS DECEASED EVER IN		ODCECO	16b. SOCIAL SECURITY N	O 117 ING	ORMANT	Vercher		Address	200	
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dec dec	111		se to immediate cou ating the underlying			AS A CONSEQUENCE OF						0	
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that that d by len pl	reu		ART 2 OTHER SIGNIFIC	ANT CONDITIO	ONS CONTRIBI	UTING TO DEATH BUT NO			DISEASE OR CONDI	ITION GIVEN IN F	ART 1(a)		
30 s	ъ												
Sign	6	을 1	O. DATE OF OPERATION	10h COND	ITION FOR WI	HICH OPERATION WAS PER	EUDWED	20g. AUTOF	ocva	Joh IE VES	WERE FINDINGS CO	NCIDERED IN CE	PTIEVING
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PREC.	5	E .			T			YES 🔲	NO 🗌				
ITAL REI The law ysician. e has b	Portion 9		a. ACCIDENT WAS	SE OF DEATH	21b. TIME O		21c. HOV	V INJURY OCCI	URRED (Enter nat	ure of injury in I	art I ar Part 2, II	em 18.)	
VIT : Th phys core iol-t	Pa		If either, notity medica	l examiner)	P.M.	19							
AN: ng ng tific buri	2 /		ld. INJURY OCCURRED	21e. PŁAC	E OF INJURY	( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	ORY.) 21f. LOC	ATION Street	ar R.F.D. No.	City or To	wn	County	State
SIC SIC cer cer	prid	al	Vhile Nat while wark	1									-
VISI PHY off off off	9	2	20. I certify that	(I) (this ho	ospital) att	tended the deceose	d from 3	2 -10	19 86	a 10_ 9-	-20,19	86, that	(I) (we) last
NG NG OF	9		saw the dece	ased alive	an	9-201	8 and	that in (my	/) (aur) opiniar	n death accur	red an the dat	e and haur c	ind from the
No Intelligible	Hyg:		causes stated	l abave, (I)	(we) (did)	(did nat) view the l	ady after de	eath.					
ATTENDING haspital or ror. After ed for use	Mental	1	26. SIGNATURE	1	no	1.00	10	ATTENDIN	G MED.	C STA		ATE SIGNED	-/
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AL O by 1	Du T	2	2d. PHYSICIAN'S NAME (Type)	11 74	= -0	5 613	101	22e. ADDI		101.	Ro_Ro	ckyille	, MD
	= /		MAIII (Type)	ORE	-10	J. FICE	102	161		10 N. 14	USE	K9.	
HOSPIT retained FUNERA	He		URIAL, CREMATION,	23b. DATE		23c. NAME OF	EMETERY OR C	REMATORY	23	d. LOCATION (Ci	ry or Town)	(County)	(Stote)
she she	ō	1	EMOVAL (Specify)	9/22	/86	Wash. H	eb. Con	ng. Mei	m. Pk.	Wash.	DC "		
		24. FL	NERAL DIRECTOR TO	seph G	awler	Sons DDR			2Sa. REC'D BY RE	GISTRAR :	Sb. REGISTRAR'S	SIGNATURE	
DHMH - 16 3/7						, DC 20016			SAIP 24	1800	De Pro	The second	
(VR A15 (4	4))	-	->- 47 V.	- 4 7444		,			(mg	A3	Tea Bond	C.O.S.	

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COL THICK MITTO MINE HERROT division of the second injury, or other troumatic event, the

IMPORTANT # Inc.

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

and Mertal Hygene prior to burial, cremation, or removal.

	STATE OF MARYLAND
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR		CENTILI	CAIL OI DEATH	REG. NO.	
		CEASED NAME MAR-	7 Aherr	- 10	nous	28. DATE OF DEATH MONTH	186 9:15 A
	3. SE	e mole	(AU (A	5. DATE O Augu		6. AGE (INSTANSIA); ARTHURS 88 YRS	
1		RTHPLACE (STATE OR FOREIGN COUNTRY)  ew York	76. CITIZEN OF WH.	AT COUNTRY?   8 MARRIED WIDOWE	DIVORCED DIVORCED	9 BALTIMORE CITY OR COUN Montgomer	
1		TY OR TOWN OF DEATH ROCKVILLE		SPITAL, NURSING HOME OF CILITY, GIVESTREET ADDRESSING WOOD NURSING		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Retired Manage	12b. KIND OF BUSINESS OR INDUSTRY Dry Goods
Ś	13a S M		NTY 13c	RESIDENCE BEFORE ADMISSION) CITY OR TOWN Rockville	13d INSIDE CITY LIMITS? YES 🔼 NO 🗌		alley Drive 20853
1	14 FA	Thomas I	denry	Ähern	15. MOTHER'S MAIDEN NAM Alice	MIDDLE	Fitzpätrick
		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV NO		8-09-4675	Rita E. Winte	rbourne same as	13e
		18 CAUSE OF DEATH Enter PART I. DEATH WAS CAUSE IMMEDIA	Ity one equie per ling D BY TE CAUSE IN	Aut RUS	priatory	Diction	BITWEEN COLAND CHAIN
	4	Conditions, if ony, which gave rise to immediate cause (o), stoting the underlying cause last	DUE TO, OR AS	S A CONSEQUENCE OF	nais fue	and Oroses	Jene
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	inal disease or condition (	GIVEN IN PART 11a
2	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPERATION	n was performed		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
7	MEDICAL CER	2)0. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	ATPL STATE OF THE	JURY MONTH DAY YEAR 19		ED (ENTER NATURE OF INJURY IN ITEM	1B PART I OR PART 2}
	MED	21d. INJURY OCCURRED		FACTORY, OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
		saw the deceased alive an abave, (I) (w. 1.did) (did no 22b. SIGNATURE	9/	Contraction for	d that in (my) (aux) apinian of DEGREE	deoth accurred on the date and the	hour and from the causes stated  22c. DETE SIGNED
		224 PHYSIGIAN'S NAME (TYPE C	OR PRINT)	6(16 Role	PHYSICIAN D	PAIRECTOR   PHYSICIAN	20817
		Burial, CREMATION, REMOVAL	23b. DATE 9/19/86		EMETERY OR CREMATORY ry's Cemetery	23d LOCATION Montgomery	, New York STATE
	24 FU	uneral director Tyson V 1331 Rockville l	Vheeler Fu	ineral Home, ville, Marylan	Inc. d 20852 SE	P22 1986	SISTRAR'S SIGNATURE

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## STATE OF MARYLAND

DEPARTM	SENT OF HEALTH AND M		0 0		la	0	) (	
	CEKTIFICATE OF DE	EATH	REG. I	NO.				
LE.	LAST	20. DA	TE OF DEATH	MONTH	DAY	YEAR	26 HOU	R
	Esposito			9	19	86	2	A
	5. DATE OF BIRTH	6. AGE	IN YEARS LAST B	IRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
n	Feb. 23,1	908	78	YRS	MONTHS	DAYS	HOURS	MIN.
AT COUNTRY?	В	9 BAL	IMORE CITY	OR COUNT	Y OF DE	ATH		

Ma1e Caucasia TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WH Virginia

COUNTY

MIDDLE

IN U.S. ARMED FORCES?

II

WW

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one couse per line for including PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o

4 RACE

FIRST

Alfonso

United States

R.

MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ot in such facility, GIVE STREET ADDRESS)
Suburban Hospital

13d. INSIDE CITY LIMITS?

Montgomery County, 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR Accountant Public Acct.

4400 East-West Highway/20814

ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE Maryland 4. FATHER'S NAME Gesualdo

Yes

Bethesda

- STATE REGISTRAR DECEASED NAME

LITYPE OR PRINTI

3. SEX

Montgomery Bethesda

Esposito 16b. SOCIAL SECURITY NO 578-03-5787

Olympia 17. INFORMANT Mary Ann Tucker

15. MOTHER'S MAIDEN NAME

Mosca ADDRESS 131 Fayton Ave

13e.STREET ADDRESS / ZIP CODE

MIDDLE

23503

Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.

CERTIFICATION

MEDICAL

morked or

90 DATE OF OPERATION

OPERATION WAS PERFORMED

20a AUTOPSY? NO 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED

HOUR A.M. MONTH DAY

AT HOME STREET FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION

THE NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

CITY OF TOWN

STAFF

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

NOT WHILE 22a.1 certify that (1) (this haspital) attripped the deceased from

Burial

ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

23g, BURIAL, CREMATION, REMOVAL |SPECIFY)

70K SIGNATURE

Sept 1986

21e PLACE OF INJURY

Arlington National

DEGREE

23d. LOCATION CITY OF TOWN Arlington

Virginia

DHMH - 16 60M 7/84 (VRA 15, 4)

ith the

M FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes PA 7557 Wisconsin Avenue Bethesda, Maryland 20814

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 2a DATE OF DEATH TYPE OR PRINT IRISH ETHERSON-FELKER 3. SEX DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MONTH \* YEAR FEMALE white BIRTHPLACE (STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Virginia WIDOWED Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE! **INDUSTRY** WASHING TON Jovner Ins. Tns SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Montgomery \$ilver Spring 3912 Blackburn Road YES K NO [ 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE John Lamb GARRISON ALESE 11528 February Circle 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Gary Etherson-son-Apt 202 Silver Spring, Md. 30 9485 BETWEEN 200 HEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY ARREST IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF MYOCAR DIAL Canditions, if any, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN AND PART 110 EVERE 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? CORONARY A. DISGASE CARDINE HRRES 210. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER, NOTIFY MEDIC AL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 | certify that (1) (this haspital) attended the Adeceased fram sow the deceased alive an. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death 22h SIGNATURE DEGREE 27c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) Burial 9-19-1986 Ft. Lincoln Cemetery Brentwood Pr. Georges 11800 N.H. Ave. 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

Hines Rinaldi Funeral Home

S.S. Md. 20904

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Olin L. Molesworth, P.A., Damascus, Md.

DHMH - 16 60M 7/B4

(VRA 15, 4)

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Florence Coculis HVAN September 20, 15 70 11:30 remale Nov. 22, 1902 83 Tennsylvania American x Hontgomery Country Caltnersburg 427 Christopher Avenue | Homewalter Maryland Monta. Gatthersburg x 427 Christopher Ave. Apt. 31 23 Mehael Deffy Sarah 199-26-6271 Derothy Price Item 13 -

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olan L. Tolestorth, P.A., Dameses, M.

Surfal Oct.1,1985 Cathedral

STATE OF MARYLAND mm DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00 - 19795MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 2b HOUR (TYPE OR PRINT) ESTI-Brian Faber DEATH MATED Anthony 86 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS | IF LINDER 1 YR FUNERAL DIRECT IE UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 19 86 Caucasian Jan. 23, 59 27 DEAD Male BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S. New York WIDOWED [ DIVORCED Montgomery County CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Holy Cross Hospital Geologist Construction Silver Spring OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13r. CITY OR TOWN Elkridge 5835 Rowanberry Drive NO X Maryland Howard 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Willem Hendrik Margaret Jackson Faber 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16h SOCIAL SECURITY NO RR#1, POB 396 Springwater. Jan Faber 078-56-7163 unknown NEW YORK 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH-WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (o)\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (a) stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES X NO [ 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH 2719 86 Driver in auto/auto impact 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET, FACTORY, FARM, ETC.) AT WORK AT WORK road 29 & E. Randolph Rd 220. I certify that I took charge of the remains described above, held on Autopsy and in my opinion TO FUNERAL DIRECTO AFTER DEATH, WITH THE BAHTIMORE, MARTINAN Acident X death resulted from: Homicide Undetermined monner Notural count TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 9/28/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 9/29/86 Lee's Crematorium Cremation BP. 07/84 25M wie Derres **DHMH - 17** Charles F. Bell. Jr. POB 119, Pr. Fred. ,Md. (VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED AL DIRECTOR.
YOUR FILES.
IN 72 HOURS MARY 3 SEX DATE PRONOUNCED CAUC 0.5 DEAD 60 **BALTIMORE CITY OR COUNT** MARRIED NEVER MARRIED Pennsylvania United States WIDOWED DIVORCED MONTGOM QUELTY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Adventist Hospital ROCKU Shady Patients Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION 20817 30. STATE 136 COUNTY 13d. INSIDE CUTY LIMITS? 13e STREET ADDRESS MONTGEMON 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Farrelly McLean Ruth Ann Eugene Edward 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Syracuse NY 13204 Farrelly, 412 Tennyson Av 1252 Eugene E. AMINER ALONG WI TRANSIT PERMIT. F ENTAL HYGIENE, DI OR REMOVAL. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: ARREST IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which MDIOVASCULAR USED AS A BURIAL - TRAN OF HEALTH AND MENTAL PIAL, CREMATION, OR RE gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4) 150ASE CERTIFICATION 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHO EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHII TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BAILTIMORE, MARYLAND, 21201 PROR TO BINRY YES . NO A 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM\_18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 400 R 21f. LOCATION NOT WHILE AT WORK AT WORK 220 I certify that I took charge of the remains described above, held an Homicide death resulted from: Suicide Undetermined manner MEDICAL EXAMINER EXAMINER'S NAME 15 CUMS TYPE OR PRINT 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE 1 9 826 NAME OF CEMETERY OR CREMATORY County Lackawanna Cemetery Burial September Penna. Catherines Moscow 07/84 BP 25M 24 FUNERAL DIRECTOROBERT A. Pumphrey Funeral Homes, 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** - recognision - The 7557 Wisconsin Av., Bethesda, Md. 20814 (VR A15 ME (5))

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196 CON	DITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?		WERE FINDINGS USED NG CAUSES OF DEATH?
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217 UNNERSBY BLOOE, SILVER SPRING, ML

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

- STATE DECEASED NAME TYPE OR PRINTS

2 Female

Italu

Wheaton

M. FATHER'S NAME

No

CERTIFICATION

MEDICAL

O. BIRTHPLACE (STATE OR FOREIGN

CITY OF TOWN OF DEATH

Unknown

Conditions, if ony, which gove rise to immediate couse (o), stoting the

underlying couse

190 DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

160 WAS DECEASED EVER IN U.S. ARMED FORCES

PART I. DEATH WAS CAUSED BY

3. SEX

23c. NAME OF CEMETERY OR CREMATORY

CITY OF TOWN

COUNTY

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MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

IMMEDIATE CAUSE (o

76 CITIZEN OF WHAT COUNT

Wheaton Manor

Burial Sep. 20. 1986 Mt. Olivet Cometery Washington, D. C.

4 FUNERAL DIRECTOR Francis J. Collins, gore Ir.

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STATE OF MARYLAND

AND NOTES

(VRA 15, 4)

STATE OF MARYLAND

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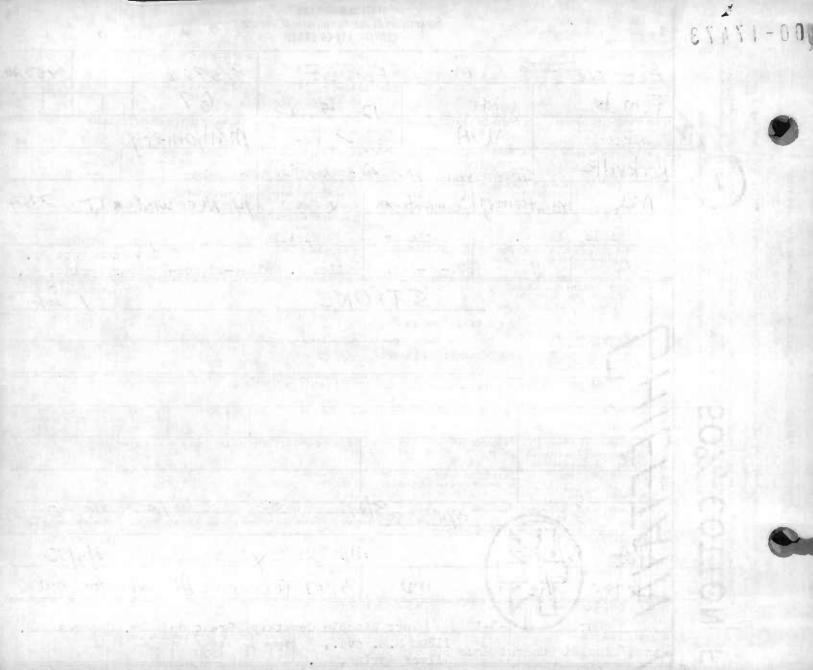
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MEN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK  22a.1 certify that (I) (this hospital) estended the claseded from sow the described into the body after death  22a.1 certify that (I) (this hospital) estended the claseded from sow the described into the body after death  22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D-29-1986  22c DATE SIGNED  22c DATE SIGNED  22c ADDRESS  HAROLD C. SADIN, M.D.  2141 K Street N.W., Wash., D.C.  30 BURIAL, CREMATION, REMOVAL CIPCOLOR SIGNATURE  BULL 11 COATION  STATI  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D-29-1986  22c ADDRESS  HAROLD C. SADIN, M.D.  2141 K Street N.W., Wash., D.C.  30 BURIAL, CREMATION, REMOVAL CIPCOLOR SIGNATURE  BULL 12 COUNTY  STATI  ATTENDING MEDICAL STAFF PHYSICIAN D-29-1986  22c ADDRESS  BURIAL, CREMATION, REMOVAL CIPCOLOR SIGNATURE  ATTENDING MEDICAL STAFF PHYSICIAN D-29-1986  22c ADDRESS  BURIAL, CREMATION, REMOVAL CIPCOLOR SIGNATURE  BULL 12 COUNTY  STATI  ATTENDED  23d. LOCATION  CIPCOLOR SIGNATURE  BULL 12 COUNTY  STATI  ATTENDED  23d. LOCATION  CIPCOLOR SIGNATURE  AND DECREE  23d. DATE REC'D. BY REGISTRAR'S SIGNATURE  AMAGE  FUNCTIONAL SIGNATURE  AND DECREE  23d. DATE REC'D. BY REGISTRAR'S SIGNATURE  AND DECREE  210 DATE REC'D. BY REGISTRAR'S SIGNATURE  AND DECREE  210 DATE REC'D. BY REGISTRAR'S SIGNATURE  AND DECREE  211 DOCATION  CIPCOLOR SIGNATURE  AND DECREE  22d. DATE REC'D. BY REGISTRAR'S SIGNATURE  AND DECREE  22d. DATE REC'D. BY REGISTRAR'S SIGNATURE	CATION							Y? 20b. IF	YES, WERE FIN	NDINGS USED
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FUNERAL DIRECTOR Rockville, Maryland 250 DATE REC'D. BY REGISTRAR'S SIGNATURE	23a E	BURIAL, CREMATION, REMOVAL	23b. DATE 23c		METERY OR	CREMATORY	23d. LOCATIO	ON		
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DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME 2b HOUR TYPE OR PRINT page 3 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER 24 HRS 3. SEX 4 RACE 5. DATE OF BIRTH 0 0 FEMALE WHITE NOV. 1911 74 6 TO BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U.S.A. WEST VIRGINIA-WIDOWED X DIVORCED MONTGOMERY CO AT CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ROCKVILLE BEAUTICIAN SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
30. STATE 136, CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 1807-MT VIRGINIA ALEXANDR ALEXANDRIAYES XX NO [ VERNON 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME FIRST MIDDLE GEORGE H. Cornell Lena Voqt ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) 578-09-3436 REV.DR.REICHARD - N.L.H.-ROCKVILLE.MD NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). PART I. DEATH WAS CAUSED BY: 5 X MONTH IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, ICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOW YES T NO F 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART T OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 19 LIF EITHER NOTIFY MEDICAL EXAMINER P.M. 21d. INJURY OCCURRED 211 LOCATION 21e. PŁACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE saw the deceased alive an and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did not) view the body after death 22c DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING DIRECTOR PHYSICIAN 228. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should b MPORT 0 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b DATE SEPT.18/86-CEDAR HILL CEM. SUITLAND, MARYLAND BP BURIAL 24. FUNERAL DIRECTOR DHMH - 16 50M 4/82 HYSONG CO., INC-1300 N ST., NW WASH., (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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		REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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25 DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Junio Dender Randale

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		REGISTRAR				CERTII	ICATE OF DEAT	ın	RE	G. NO.	34	
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Balto., Md.

DHMH - 16 60M 7/B4 (VRA 15, 4) 24 FUNERAL DIRECTOR

Anatomy Board

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LAYTONSVILLE, MD. 20879

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FRANCIS H. BARBER

(VRA 15, 4)

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258 b Ridge M., Managus, M. Present I. Snow, L.D. Errial Sept. 26,1986 Km dere westedneber, Carroll,

DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE REGISTRAR REG. NO MIDDLE DECEASED NAME 20 DATE KNOWN 1242 TIVE DEATH MATED L DIRECTOR. 4 RACE 5 DATE OF BIRTH IE UNDER 24 HRS DATE 1245 PRONOUNCED DEAD 45 10 9 BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIEDXX NEVER MARRIED New York U.S.A. DIVORCED OWERN CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS IT NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Rockville Sales Rep. Aileen Inc. 13b. COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Rockville 17126 Briardale Road (20855) Maryland Montgomery 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Jacob Hilda Glassman Muster 166 SOCIAL SECURITY NO. 7. INFORMANT Rockville, Md. 20855 TAO WAS DECEASED EVER IN U.S. ARMED FORCES? Lori Glassman: 17126 Briardale Road: NO 099-43-3220 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Grace T andrac IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE O Canditions, if ony, which Teriosclorosis CORBADON gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (a) RWARDED TO THE CHIEF MEDIC PAGE 3 SHOULD BE USED AS A 1 STATE DEPARTMENT OF HEALTH, 2, 21201 PRIOR TO BURNAL, CREM. CERTIFICATION 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 2 TO HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21f LOCATION 21d INJURY OCCURRED AT WORK AT MOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY MARYLAND, 22a. I certify that I took charge of the remains described above, held an death resulted from Homicide Undetermined monner Notural causes TITLE (SPECIFY PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, BALTIMORE, M. ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE Burial Judean Memorial Gardens Olney; Montgomery; Maryland 9/21/86 07/84 24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M william fondelle **DHMH - 17** 1170 Rockville Pike; Rockville, Md. 20852 (VR A15 ME (5))

RIVERDALE.

Md. 20737

(VRA 15, 4)

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BALTIMORE, MARYLAND 2120 Icote be executed within 24 hours hysicit me not refugled in by sope face.  ove nt,	) 16a	WAS DECEASED EVER IN	U.S. ARMED FORCES? IF YES, GIVE WAR OR OATES!	16b. SOCIAL SECU 321-09-		LEONARD L.	LIPSHULTZ,	S\$8630	FENTON ER SPRIJ	STREET,
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B. PING PHYSICIAN. The low requires that the death certificate of the signed by the attending physics this certificate has been signed by the attending physics the burial-transit permit. Then please remove carbanapout and Mental Hygiene prior to burial, cremation, or removo orked at Item 8 shorts any injury, an other traumatic event,		Conditions, if any, v gave rise to immed cause (a), stating	DUE TO, (b)_	DR AS A CONSEQUE	NCE OF	menti	Cx.			WATE THERVAL INVEST AND DEATH
AL RECORDS, 2) The low requires tion. The permit. Then p giene prior to bur. The purior to bur.	CERTIFICATION	PART 2 OTHER SIGNIF	DN 196 CON	DITION FOR WHICH	OPERATION W		200 AUTOPSY?	20b. IF YES	, WERE FINDIN YING CAUSES	IGS USED
G PHYSICIAN: Offending physician certificate in this certificate and Mentol-trans and Mentol Hygked og Item 8 s	MEDICAL CE	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL 21d INJURY OCCURRED WHILE AT WORK A OVER	USE OF DEATH EXAMINER)  21e. PLAC	OF INJURY  A.M. MONTH DA  P.M.  E OF INJURY  TREET, FACTORY, OFFICE, F.	19 21	E LOCATION STREET	ED (ENTER NATURE ÓF INJUR		ART I OR PART 2)  COUNTY	STATE
PI AL OR ATTENDIN' The hospital or A AL DIRECTOR: Aft etached for use as te Dept. of Health		220.1 certify that (I) (the saw the deceased	7 1 1.1	180 19	ond the		mEDICAL STAF		19, to ond from the &	
TO HOSPITA retained by TO FUNERA should be di	/	DR. JEREM	V. COOKE,			e. ADDRESS 10400	CONNECTICUT	AVEN	IE,	

BURIAL 9/4/1986 KING DAVID MEMORIAL GARDEN FALL LE FUNERAL HOME 1250 DATE REC'D. BY REGISTRAR 356. SEP 09 1986 DONATORMIORSTEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C. DHMH - 16 50M 4/83

23b. DATE

(VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL

0-18059	1.	FOR - STATE REGISTRAR			STATE OF MARYS OF HEALTH AND CERTIFICATE OF	MENTAL HYG	IENE 8 6	2.	6 3	2 5
may be page 3		CEASED NAME FIRST IRVIN	J.		GOLDSTEIN		20. DATE OF DEATH  AUGUST	MONTH DA	YEAR 26.	HOUR 7:A M
ge 4 may ectar, pa urs after d	3. SE	X LE	WHITE		JUNE 9 DAY	1915	6 AGE (IN YEARS LAST BIR			UNDER 24 HRS
deoth. Po	MA	RTHPLACE (STATE OR FOREIGN	16. CITIZEN OF WHAT	_	MARRIEDXX NEVER	NORCED []	MONTGOMER	COUNT		MD.
by the f	SI	ITY OR TOWN OF DEATH	HOLY CROSS	HOSPIT	AL AL	STITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF ACCOUNT AN	ON DE WORKING LIFE)	126. KIND OF BUINDUSTRY PRIVATE	
in 24 hou y filled in	MA			VER SPR	ING YES X	CITY LIMITS?	13 STREET ADDRESS	RSITY	20902 BOULEVAR	RD, WEST
Makky ompletel	IS	KAEL		.DSTEIN	ROS		WE		MONTAS	
BALTIMORE, cote be execut system and co ppers, Pages 1 vol. 11,the medical	NO	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV		2-07-75		S. GOLD	STEIN, WILL	SWEET	BRIAR RO	OAD <del>CAROLI</del> N
ST., BAL ertificate an paper emaval.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)		tasta		cinom	a		APPROXIMATE BETWEEN ONSE 24 P	T AND DEATH
15, 201 W. PRESTON  Uires that the death ci igned by the ortendin  en please remave carb  buriol, cremation, ar	7	Conditions, if ony, which gove rise to immediate cause io), stating the underlying cause last	DUE TO, OR AS A	CONSEQUENC	inoma e		inal disease or con	DITION GIVEN	2 9 CE	ins
A RECORD  On  Not been s  t permit. Th  man prior is	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OP	eration was perf	ORMED	200 AUTOPSY?	206 IF YES, VIN CERTIFYI	WERE FINDINGS NG CAUSES OF I	USED DEATH?
SCIAN T ng physic certificate and from 18 s	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. A	MONTH DAY	YEAR 19		RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	I ( OR PART 2)	
OlVISIO - Then the then the then the bi- then the bi- the and W	WED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF IN.		ETC ) 211 LOCATI		CITY OR TO		COUNTY	STATE
ATTENDIA Applial or CLOR. A Iffer use of Health		sow the deceased alive an above, (I) (we did no	8/29	19 86		, 19 <b>86</b> ) Hamopinian (	to August		86, that	
SPITAL OR NO WESAL DIRECTOR DIRECTOR DIRECTOR DEPARTMENT OF TAXABLE OF TAXABL		274 PHYSICIANS NAME CONCO	raid (	Soch.	22e ADDRE	SS	MEDICAL STA DIRECTOR PHYSIC	F IAN []	830	
10 FO FOR THE STATE OF THE STAT	23n F	DR. G. LENNAR		D. 1234 NAA			NTON STREET SPRING MAR	YLAND	MAR	VIAND
ВР	B	URTAL	9/1/1986	UNIT	ED HEBREW	CEMETE	RY HALETHO	RPE. BA	LTIMORE	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	2:00	ONALDIRMIORSTEIN 32 CARROLL STRE	HEBREW MEMO ET, N. W	ORIAL FL WASHING	INERAL HOME STON. D. C	E	BECD. BY REGISTRAR	MI REGISTRA	B'S SIGNASURE	1

	1			STATE OF MARYLAND		
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oy be deoth	1. DE	CEASED NAME BIANCE	che C,	GORDON	Sept. 2	4, 1986 5 AM
ige 4 mo) rector, po	3. SE	Female	B/ACK	5. DATE OF BIRTH  ADVITH  TO DAY 1907	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
deoth. Po		RTHPLACE (STATE OR FOREIGN 7	TO. CITIZEN OF WHAT COU	MARRIED NEVER MARRIED WIDOWED DIVORCED	MONT	GOMERY MD.
201 rs ofter o	C	Arksburg	23/6 WHAT IN SUCH FACULTY, OVE	SURSING HOME OR OTHER INSTITUTION ESTREET ADDRESS)	120. USUAL OCCUPATION OF THE OF WORK FOR MOST OF	
AND 21:	13a	AL RESIDENCE (IF NURSING HOME OR C STATE 135 COUNT		Sburg 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	121P CODE d ) 20871
WARYL WARYL		ATHER'S NAME	H. Speni	15 MOTHER'S MAIDEN NO.	rche Di	1995 IAST
BALTIMORE,		NAS DECEASED EVER IN U.S. ARN YES, IN OF UNKNOWN) (IF YES, GIVE	AED FORCES? 166 SOCIA	0-0400 Anthony	Gordon Hus	band Same as#13
4 4 4 4 4 4		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	hiemia, Shock		BETWEEN ONSET AND DEATH
hot the deoth cert by the ottending see remove cortex l, cremotion, or tere other troumotices		Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CON  (b) DUE TO, OR AS A CON	efes, Cerebrorus	cular insuf	friency yrs
20 es t ple urio	NO	PART 2 OTHER SIGNIFICANT CO	onditions contributions officiency, C	G TO DEATH BUTNOT RELATED TO THE TER!	winal disease or cone	DITION GIVEN IN PART 1(0)
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The law requir rettending physician. ther this certificate has been sign as the buriol-troast permit. Then th and Mental Hygiene prior to b arked or them? 8 shows any injury	CERTIFICATION	190. DATE OF OPERATION		WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
ON OF VITAL R HYSICIAN: The li ding physician. scertificate hos burial-tronsit per Mental Hygiene Ar Item/18 shews		21q. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)		H DAY YEAR	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
DIVISION ING PHYS r attendin (fer this c as the bu th and Me th and Me arked or I	MEDICAL	21d INJURY OCCURRED  WHILE ONT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, (	OFFICE, FARM, ETC.)  211. LOCATION STREET	CITY OR TO	WN COUNTY STATE
TTENDI TTENDI TOR: A for use of Heol		22a I certify that (I) (this haspite saw the deceased alive an_ abave, (I) (we) (did) (did as)	September 17	G.	, to Jeffcono	te and haur and fram the causes stated
OR e h		Robert Elec	lluca m		MEDICAL STAF	FIAN 9/29/86
TO HOSPITAL TO FUNERAL should be detre		Robert Mill	Iman, in	1000-1-11		20850 #103
		BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	0	Burial	9-29-86	Ebenezer Cemetery		lle, Fred. MD
DHMH - 16 60M 7/B4 (VRA 15, 4)		uneral director eorge R. Snowden	246 ADI ROCKV	N. Washington St. 250 DA	2 9 REGISTRAR	25b. REGISTRAR'S SIGNATURE

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	701		CEASED NAME FIRST		WIDDLE	LAST		20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
	noy be		0+	15	Li	Greer	)		9 9	5 8.6	1 7 M
	4 8 1 (A)	1.58	Mala	4 RACE		5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST B		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
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	in 15 100	10. C	ITY OR TOWN OF DEATH		F HOSPITAL, NURSIN	IG HOME OR OTHER IN	ISTITUTION	120 USUAL OCCUPAT	TION  "ORKING LIFE		OF BUSINESS OR
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MARYLAND 2120	24 hou	ila.	./\/	on 90mery	13c. CITY OR TOW		NO [	13e.STREET ADDRESS	_	ASE	20902
RYLA	TE /	14. F	ATHER'S NAME	Middley J	LAST	15 MOTHE	R'S MAIDEN NA	ME		LAS	
WA	Pa distribution	1	Adoniram		Green		Carrie	MIDDLE		McCari	
ORE,	n ond co		WAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YE	ARMED FORCES?			MANT	ADDI	RESS		20902
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ST., BAI	ng physicio bonpopers removol.		18. CAUSE OF DEATH (Enter PART I, DEATH WAS CA	er only one couse p USED BY: DIATE CAUSE (a)_	er line for (o), (f), an	Lorales	# Bp	wel			IMATE INTERVAL ONSET AND DEATH
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PRESTON	deoth others of others of others of the other ot		Conditions, if any, which	( ib)_							
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DIVISION OF VITAL RECORDS,	on. hos bee permit. ene prior	CERTIFICATION	198 DATE OF OPERATION	196/CON	DITION FOR WHICH	OPERATION WAS PERF	FORMED	20a AUTOPSY?		, WERE FINDIN	
VITA		GER .	210. ACCIDENT WAS UNDERLYING		OF INJURY	21c. HOW	INJURY OCCURI	RED (ENTER NATURE OF INJ	_1		
9	ding physici s certificate buriol-tronsi Mental Hygi	SAL	OR CONTRIBUTING CAUSE O	DEATH	a.m. month di p.m.	19					
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	ortol TOR: For us of He		sow the deceased in	bir	9/4 19	ond that in	(our) opinion	death occurred on the c	date and hour	and from the	causes stated
	OR A DIREC DIREC Sched the Filem		22b. 5/2 NATURE	T not you the tion	ly affer death.	DEGREE				The DATE	SJGNED
	AL tet tet ore		Velen S	herer		mo	ATTENDING PHYSICIAN	MEDICAL STA		9/5/	186
	- D III 0 0 7	1	HYSICIAN'S NAME (T	YPE OR PRINT)		22e ADDRI	m 1		01	111	. 0
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		230.	BURIAL, CREMATION, REMO			NAME OF CEMETERY OF		23d. LOCATION CITY OR TOWN		COUNTY	STATE
	BP	24 5	cremation UNERAL DIRECTOR TO	Sept	. 8, 86 Me	tropolitan	Cremate			ADIC CACALLE	Virgini
	DHMH - 16 60M 7/84 (VRA 15, 4)		NAME FAC	ncis J.	Collins	T. Continue	Sile	FP Q 1096		RAR'S SIGNAT	
	(VIA 13, 4)	50	0 University	boulevari	a west, Si	ever spring	g. Nd. M	1300			

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ma-	10000	1 -	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HY ICATE OF DEATH	GIENE O O	len O W	Gus 4
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	nay be page 3 r death	(TYPE	OR PRINT	REDA		B.		NSTEIN	0 0 - 1 -	6	8 36 AUM
	ge 4 ma ector, po us ofter o	12	MALE		4 RACE WHITE		5. DATE C	F BIRTH BER 25, 7907	6 AGE (IN YEARS/LAST BIRT	YRS. DAYS	R IF UNDER 24 HRS HOURS MIN.
	eoth. Po nerol dir in 72 hou	RU	RTHPLACE ISTATE OR FO	DREIGN	u.s.		MARRIE		9 BALTIMORE CITY OF	COUNTY OF DEATH	MD.
100	by the fu	SI	TY OR TOWN OF DEAT LVER SPRIN	G	HOLY	RUSS HUS	PITAL	R OTHER INSTITUTION	12ª USUAL OCCUPATION TYPE OF WORK FOR MOST OF HOUSEWIFE	WORKING LIFE) INDUSTRY	
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3	by the case remain, cremain, and the true		gove rise to imm couse (a), stating underlying couse	the the	DUE TO, OI	R AS ACONSEQU	ENCE OF	Diverticuli	_	24	'L ,
DIVISION OF VITAL RECORDS, 201	equires to signed Then ple to burio nijury, or	NO	PART 2 OTHER SIGN	IFICANT (	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER/	AINAL DISEASE OR CONE	ITION GIVEN IN PART 1	Io
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ONO	HYSICI Iding a burial Menta ar them	MEDICAL	LIFEITHER, NOTIFY MEDIC	_	21e. PLACE	OF INJURY	19	21f LOCATION	CITY OR TOV	WN COUNTY	STATE
DIVISI	NG Profession of the Africant	W	WHILE NOT WHI		488	REET, FACTORY OFFICE,		STREET			STATE
	TOR: A for use of Heal	3	220. I certify that (1) saw the decease above, (1) (we) di	d olive on	8/30	19_	86 01	d that in (my) (our) opinion	death occurred on the do		e couses stated
	hosp hosp hed ept.		Mb. SIGNATURE	/	III view the body	offer death	San F	DEGREE			ESIGNED
	TAL O yy the Getoc detoc fore D NT: If I		Total	. ha	ulu	7		ATTENDING PHYSICIAN	MEDICAL STAF	FIAN [] 8/	30/86
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	of of of white	23a (	BURIAL, CREMATION, F				NAME OF C	EMETERY OR CREMATORY	23d LCAPPTOL	PRINCE	
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moy be poge 3 er death		PECEASED NAME FIRST	rman	GNSS	20. DATE OF DEATH MONTH	5/86 5:43
age 4 mo irector, po urs affer	L	male	Caucasian	B 12 96	6. AGE (IN YEARS LAST BIRTHDAY)  90 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
deoth. P.	5	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	MARRIED → EVER MARRIED → WIDOWED □ DIVORCED □	1 lonta	omery Countym
ors ofter on by the filed with	8 5	UAL RESIDENCE OF NURSING PLOME	HOLY CLOSS	HOSPITOIL	120. USUAL OCCUPATION & (TYPE OF WORK FOR MOST OF WORKING MERCHANT)	1137
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uted with	4	Samuel WAS DECEASED EVER IN U.S.	MIDDLE GRO	ss Mollie	MIDDLE	Poris
pe execution of the sex	/	(YES NO OR UNKNOWN) (IF YES,	CD/C WAD OD DATE()	24-8845 Sylvia R.	Cx ss (Same as #	
ertificate ng physicir banpaper remaval.		PART I. DEATH WAS CAU	anly ane cause per line far (a), (b), SED BY: IATE CAUSE (a)	diac av	des o .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the death of the attendir remove corl remation, or ner traumation		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSES	een since	<i>.</i>	
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ITAL OR A by the how the how detoched detoched total Different		22h SIGNATUR ULLE	el Man	ATTENDING PHYSICIAN	MEDICAL STAFF	9/65/8
TO HOSPITAL retained by the TO FUNERAL should be deriwith the State IMPORTANT.	4	224 PHYSICHN'S NAME (THE	TRI WERA	103/3	GA ave &	8, C816 NO
BP	23	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23b. DATE 9/8/1986 A	NAME OF CEMETERY OR CREMATORY Adas Israel Congrego	ation washingto	on, D. STAIC.
DHMH - 16 60M 7/84 (VRA 15, 4)	4 3	GNALADIMSTORTETN 32 CARROLL STRE	HEBREW MEMORIAL	FUNERAL DHOME 250 S	TEDE TO BY 1986 ARIZA REGI	STARE SIGNATURE

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	1 7	772		REGISTRAR	MEI	DICAL EXAMIN	ER'S CE	RTIFICATE OF	DEATH R	EG. NO.		17
U	1 1	113		CEASED NAME FIRST Z	DENKA	MIDOLE IRENE	10	ST GRUBER	20. DATE KNO	HTHOMONTH	DAY YEAR	Is HIGHR
		₩~.~X.	(ITP	OKPRINI)	K		1		OF EST DEATH MAT	ED TOTAL	£ 19 PA	18
A+		A CHILD	3. SEX	IARACE .	5. DATE OF BIRTH	6. AGE (IN YEA	RS IF UND	ER 1 YR. IF UNDER 24		MEINTH	DAY YEAR	14 Techen
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		OR PERS	FO	REIGN COUNTRY)	U.S.		MARRIEC	NEVER MARRIED	) ALTIMORE	CITTORCOOK	TOFDEATH	
		IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E S FOR YOUR FILES. ED WITH V72 HOURS	-				WIDOWED		100	my c	ome	
		AY IS THE AGE	TO. CI	Y OR TOWN OF DEATH	(IF NOT IN SUCH FAC	PITAL, NURSING HOME, CILITY, GIVE STREET ADDRESS)	OR OTHER	RINSTITUTION	2a. USUAL OCCUPATIO		U.S. U	USINESS TRY
		A D A H CO	6	iney	Mon	Y. Gen	エイン	1/1/10	RESEARCH LIBR	ARIAN	U.S. GU	VI.
	7	PAIN PORTO	130 S			PERESIDENCE BEFORE ADMISSIO		Bd. INSIDE CITY LIMITS?	3e STREET ADDRESS	21	1756	) .
	200	A SECTION	-	M. I Mon	town an	1/Dams		YES NO 1	49131	West	Vev. 9	5/2V
B	-	AL 22.5	14. FA	THER'S NAME	MIODLE		0 - 0	S. MOTHER'S MAIDEN	NAME			
	E, A	DEATH.	6.	RICHARD	MIODLE	GRUBER		MARIE	MIODLE	BRE	ZINÖŸA	
	OR	TER DEA FORM R SES 1 ANI ON O EV	160 V	/AS DECEASED EVER IN U.S. ARM	AFD FORCES?	16b. SOCIAL SECURITY	NO 1	7. INFORMANT	AD	DRESS		
	BALTIMORE, A		{YI	S, NO, OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES)				,NIECE, 1301 N		OMAHO NE	
	NA NA	S A GIV PA(				578-30-930	10	JESSIE A. TUI	, NILUL, IXII	7/11/51.		
	1.	AIT.		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	y one couse per line.	for (a), (b), and (c).)	01		/	. /	BETWEEN ONS	TE INTERVAL ET AND DEATH
	PRESTON ST	24 HC ITEM IONG PERW GIENE		9711 DIMMEDIAT		ardio/	2/7	nonary	XVVO	7		
	STC	ANA	7	1270	DUE TO, OR	AS A CONSEQUENCE C	F N	, ,				
	PR	WITHIN SINGE A AINER A TRANSII VITAL HY	1	Conditions, if any, which gave rise to immediate	) (b) ~	coti:	Uh.	BUK				
	3	PENCIL AMINER AMINER - TRAN ENTAL		couse (o) stating the under-	DUE TO, OR	AS CONSEQUENCE O	F					
	201 W.	N. A. E. A.	11	lying couse lost.	(10)	340000					2d=	V. 9
	DS,	UID BE EXECUTED WITHIN 24 HOW "PENDING" IN PENCIL IN ITEM 18 FEN MEDICAL EXAMINER ALONG FED AS A BURIAL - TRANSIT PERMIT HEATH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL.		PART 2 OTNER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERMI	NAL DISEASE O	R CONDITION GIVEN IN PART I	(a)			10
	RECORDS,	BE E CONTRACTOR	Z	Muni							· ·	
		PENDI PENDI PENDI PED AS A HEALTH	CERTIFICATION	190. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERA	ATION WAS	S PERFORMED?	-		2D AUTOPS	(?
	1×	R: THIS GERTIFICATE SHOULD NTE, WRITING THE WORD "PE NEWARDED TO THE CHIEF N R: PAGE 23 SHOULD BE USED A ESTATE DEPARTMENT OF HEAD D. 21201 PRIOR TO BURIAL, C	F	Non								-
	FVIT	N N N N N N N N N N N N N N N N N N N	ERT	210. EXTERNAL CAUSE WAS	21b. TIME OF	INTURY	Tale HOV	V IN ILIPY OCCUPRED	(ENTER NATURE OF INJURY IN	17544 18 8 4 DT 1 OB 8 4	YES .	NOTO
	0	CERTIFICATE TING THE W DED TO THE DEPARTMEN PROR TOE		UNDERLYING TOR	HOUR A.M.	MONTH DAY YEAR	ZIL HOV	WINJORT OCCURRED	(ENTER NATURE OF INJURY IN	TIEM IS PART TORPA	11	
	ō	FP6550	2	CONTRIBUTING CAUSE OF D		Jegg 6 190	8 /	Surna	-d by	1220	Ne	544
	DIVISION OF	SEG SEG	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE C	OF INJURY (AT HOME, ORY, FARM, ETC.)	21f LOCA	ATION EET	CITY OR TOWN	COL	INTY 2	STATE
	۵	WARE WARE TATE		AT WORK AT WORK	1/8	mo	Silv	er Crest	W. Hams	sows 11	10200	made
		P. ST. P.		22a. I certify that I took charge	of the remains des	rihed above held as	Autopsy	, Inspection	Inquiry .	ond in my op		
		EXAMINER: CERTIFICATE JID BE FOR DIRECTOR: WITH THE SARKARID	(dis			r <del>à</del> er .	ri '			Ond in my op	inion	
		EXAMI CERTIFIC DIE BE DIRECTOR	25	dealit resulted from: Noture	ol couses .	Accident , Suid	ride,		Undetermined monner	L.,		
		X B B B B B B B B B B B B B B B B B B B	-	ACTUAL /	00	150		TITLE (SPECIFY)		DATE	Caril 6	2/40
		SHANKE W	-	SIGNAPORE	-	0	90.D	( Cop	_MEDICAL EXAMINER	SIGNE	6 92 4 1	1188
		MEDICA CUTE TH SE 4 SH FUNERA FROET	1	EXAMPLES NAME TO	HN ROGERS	S. M.D.		CEMINO	DV DOAD CI	H VED CD	DINC M	0
		TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT AGGE 4 SHOULD BE FOR TO FUNEAL DIRECTOR AFER DEATH, WITH THE BALTIMORE, MARKIAND		TIP SON THAT		THE RESERVE TO THE RE		TO ME GO	RY ROAD, SI	LVER SP	KING, M	U.
		⊢ W C ⊢ < C	23a. Bl	PRIAL CREMATION, REMOVAL 23	9/9/86	OEDAR HILL			23d LOCATION CITY OR TOWN	COUN	ITY	STATE
	07/84 25M	BP					UNCIVIA		SUITLAND	PO		MD.
	20141	DHMH - 17	24 FL	NAME	RD RAPP	INC.	0000	250 DATE REG	D BY REGISTRAR 231	REGISTRAR'S S	IGNATURE	
		(VR A15 ME (5))		1804 T ST., N.W	., WASHIN	IGTON, D.C.	20009	OLI I	- 1900 -	West than	- Northean	

)	0	-	1	7
		CIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be		strificate has been signed by the attending physician and completely filled in by the funeral director, page 3
		1e 4		ector.
		Po		dire
1		death		unero
ļ.		offer		the f
07		OUTS		in by
DNI		24 h		filled
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OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTIAND 21201		30	, c	os pe
AHA		Z. J.	physicion.	cate !
5		AA	hd 6	ertific

1			STATE OF MARYLAND		
802 1	FOR  STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		26033
1. 0	DECEASED NAME, FIRSVir	ginia MIDDEH.	LAST Halbert		MONTH DAY YEAR 26 HOUR
3 5	YPE OR PRINT) VIRGINI		HAIRERI	-	9 10 86 83/2
3.5	P 1	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
9 18	/emale	White	MONTH DAY YE	2 94	YRS DATS HOURS MIN.
SARA	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIE	9 BALTIMORE CITY C	R COUNTY OF DEATH
12	Conn	USA	WIDOWED DIVORCE		md.
2/10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY
161	SilveSp MD	Carnage,	4 W	Housev	rife   own_home
9	STATE 136 COUN Conn. New Lor	TY 13c. CITY OR TOV	VN 113d INSIDECITY LIM	10/0 1	
10/1	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAID	MIDDLE	IASI
27	Frederick	William LaF	orge Elear	nor Ruth	Knowles
160	WAS DECEASED EVER IN U.S. ARI	WAR OR DATES		(niece) ADDRI	f2301 LaPlata St.
10	(YES, NOO UNKNOWN) (IF YES, GIV	A 047-38-	6147 Mrs. James	F. Kinsella-	Sil. Spr. Md. 20904
\$/	18 CAUSE OF DEATH Enter on	ly one couse per line for (a), (b), a		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eve		E CAUSE (0)	1-0-1	sema	8 Me
notic		DUE TO, OR AS A CONSEQU	selerates card	insurales do	110000
roon	Conditions, if any, which gove rise to immediate	( 1b) Celler	unous corre	LOUIZE C U	grade -
her 1	couse   o  , storing the underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF		
0 0		(c)		5 25 1 2 125 25 20	
Z Z			DEATH BUT NOT RELATED TO THE	trition Carent	2 - Organic Grain Syden
À Z	19a DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY?	20b IF YES, WERE FINDINGS USED
S S	21 2 1 2 1			YES NOTE	IN CERTIFYING CAUSES OF DEATH?
18 shows ony injur	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY C	OCCURRED (ENTER NATURE OF INJU	
-//	OR CONTRACTOR OF STATE		AY YEAR		
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION	CITY OR TO	WN COUNTY STATE
/   2	AT WORK AT WORK	(AT HOME, STREET, FACTORY OFFICE	FARM, EIC.)	an on to	, 6,
8		rol) ottended the deceased from	8/11 19	86 10 9	110 1986 that (1) We lost
21.	sow the deceased alive an above (1) (we) (did) (did not	view the body after death	ond that in (my) our a	pinion death accurred on the d	ote and hour and from the causes stated
te a	ZIL SIGNACORE	PA.	DEGREE		22c. DATE SIGNED
± = (	1 ames	Coleman M	ATTEND PHYSIC	ING MEDICAL STA	FF 9/10/86
Z Z	224 PHYSICIAN'S NAME ITTEL	MINTS COLUMN 2	22e ADDRESS 39	129 FERRARA	DRIVE
MPORTANT	JAMES I	COLEMAN	ü	HEATON MAR	YLAND 20906
230	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMA	TORY 23d LOCATION	COUNTY STATE
-	Cremation	9-11-1986 Me	tropolitan Crema	atory Alexandr	ia Virginia
	FUNERAL DIRECTOR Hines / Rinaldi Fu	noral Homo Alle	00 N.H. Ave., 2		25b. REGISTRAR'S SIGNATURE
	urnes/Minatur fu	neral dome	Spr. Md.	SEP 1 5 1986	

e & f		REGISTRAR CEASED NAMI		T	WIDDLE		LAST	24 DATE KNOWN C		76 HOUR
210/3	86		And		lan		Hall\	DEATH MATED	9 7 19 86	М
-7	IV.	( [ale	White	Dec. 22,	1956 29 ST BIRT	YEARS IF UN HDAY) MONT YRS.	TO GITTE T	HRS 2c DATE PRONOUNCED DEAD	9 7 19 86	24 HOUR 11:19
5	70 B	RTHPLACE (5) REIGN COUNTRY) Mary	land	U.S.A.	U.S.A.  8 MARRIE WIDOWI		IED NEVER MARRIED		_	MD.
9	10. €	Olney	OF DEATH	(IF NOT IN SUCH FA	SPITAL, NURSING HO ACILITY, GIVE STREET ADDRES BY General	5)		O USUAL OCCUPATION (TYPE FOR MOST OF WORKING (IFE)  Carpenter	OF WORK 126 KIND OF BUS OR INDUSTRY Construct	INESS
31	13e. S	AL RESIDENCE TATE Iaryland	113b CC	ome or other institution, G DUNTY otgomery	13c CITY OR TOWN Rockville	1		e STREET ADDRESS  1005 Aster Blv	d. 20850	
2	A .	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN I	NAME	LAST	
1		Rogers	D EVER IN II S	E. ARMED FORCES?	Hall	NO YEL	Bernetta 17. INFORMANT	E.	Flory	
1	17	No	OWN) (IF YES,	GIVE WAR OR DATES)	216-68-1			Hall same as 13	Be	
		gove ris	ns, if any, wh se to immed stating the une	iate (b)					200	
	NO	lying cou	use lost.	(c)	BUT NOT RELATED TO THE TI		E DR CONOITION GIVEN IN PART 1	la.		
1	IFICATION	lying cou	GNIFICANI (ONDITI	(c)		RMINAL DISEAS		(a·	20 AUTOPSY?	NO
1	ICAL CERTIFICATION	Jying cou PARI 2 DIHER SI 19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTIN	OPERATION  AL CAUSE WAS  ORP T  NG CAUSE	(c)  19b. CONDI  19b. CONDI  19b. TIME O  1 mar y HOUR A.M  OF DEATH	TION FOR WHICH OP  FINJURY  A. MONTH DAY YE  A. 9 3 19	ERATION W  21c. HG  AR  8 6 S	AS PERFORMED?  DW INJURY OCCURRED (  ubject use	enter nature of injury in item 18 p.	YES X	мо 🗆
1	MEDICAL CERTIFICATION	lying could be a series of the	OPERATION  AL CAUSE WAS  ORP T  NG CAUSE	19b. CONDI	TION FOR WHICH OP  FINJURY  A. MONTH DAY YE  A. 9 3 19	ERATION W  21c. HG  AR  8 6 S	ASPERFORMED?  DW INJURY OCCURRED (  ubject use  CATION IRREET	ENTER NATURE OF INJURY IN ITEM 18 P.	YES XI  ART LOR PART 2)  dine  county	NO [
DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MACKE, MARYLAND, 2120, PRIOR TO BURIAL CREMATION	MEDICAL CERTIFICATION	PART 2 DIHER SI  19a. DATE OF  21a. EXTERNA UNDERLYING CONTRIBUTII 21a INJURY C WHILE AT WORK  22a. I certif death resulta ACTUAL SIGNATURE	OPERATION  AL CAUSE WAS  ORP Y  NG CAUSE  COURRED  NOT WHILE  AT WORK  fy that I took cheed from:  NOT WORK  NOT WHILE  AT WORK	19b. CONDI	TION FOR WHICH OP  FINJURY A. MONTH DAY YE A. 9 19 OF INJURY (ATHOME, TORY, FARM, ETC.)  TORY, FARM, ETC.)  Accident	ERATION W  AR  21c. Ho  21f. Lo  Vie  Autop  Suicide	AS PERFORMED?  DW INJURY OCCURRED (  ubject use  CATION  TREET  TS Mill Rd.  Homicide  Homicide  TITLE (SPECIFY)	ed Phencycli crivor rown Rockville, Mon	YES XI  ART LOR PART 2)  dine  county	STATE
ARYLAND, 2120 PRIOR TO BURIAL	MEDICAL	Iying cou PARI 2 DIHER SI  190. DATE OF  210. EXTERNA UNDERLYING CONTRIBUTIO 21d INJURY C WHILE AT WORK  220. I certif death results ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRIN	AL CAUSE WAS  COPERATION  AL CAUSE WAS  COPE	IPB. CONDITION OF ATHER TIME OF A PART OF A PA	TION FOR WHICH OP  FINJURY A. MONTH DAY YE A. 9 19 OF INJURY (ATHOME, TORY, FARM, ETC.)  TORY, FARM, ETC.)  Accident	ERATION W  AR  B 6 S  21f. LO  V1 €  Autop  Suicide	ASPERFORMED?  DW INJURY OCCURRED (  Ubject use  CATION  TREE  TO MILL Rd.,  Homicide  TITLE (SPECIFY)  D. ASSISTANT  ADDRESS 111 Pe	enter NATURE OF INJURY IN ITEM 18 P.  ed Phencycli  CITY OR TOWN  Rockville, Mon  Inquiry and  Undetermined manner  MEDICAL EXAMINER  enn St. Balto	YES TORPART 2)  dine  country  t.,Md.  din my opinion  DATE 9/8/8	STATE
21201 PRIOR TO BURIAL	WEDICAL MEDICAL	Iying cou PARI 2 DIHER SI  190. DATE OF  210. EXTERNA UNDERLYING CONTRIBUTIN 21d INJURY C WHILE AT WORK  220. I certif death resulte ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRIN URIAL, CREMA' PECEFY) BUrial	OPERATION  AL CAUSE WAS  OPERATION  OPERATION	IPB. CONDITION OF ATHER TIME OF A PART OF A PA	FINJURY  A. MONTH DAY YE  A. MONTH DAY YE  TORY, FARM, ETC.)  TORY, FARM, ETC.)	ERATION W  21c. HC  AR  8 6 S  21f. LO  Vie  Autop  Suicide   M  EMETERY O	ASPERFORMED?  DW INJURY OCCURRED (  Ubject use  CATION  TREET  THE (SPECIFY)  D. ASSISTANT  ADDRESS 111 PER  R CREMATORY  PMORIAL PARK  PMORIA	ed Phencycli  Rockville, Mon  Inquiry and  Undetermined manner  MEDICAL EXAMINER  enn St. Balto	YES DART I OR PART 2)  dine  county tt., Md.  din my opinion  DATE 9/8/8  D.MD	STATE 6

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19375	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REG. NO.									
nay be page 3 r death		CEASED NAME FIRST PEAR	l C.		Hall		September 2		12 MIONIT		
tar, pag	3. SE	x Kemale	1. RACE Caucasian	5	March 7.3. 18		GE (IN YEARS LAST BIRTHDAY	MONTHS DAY			
ral directory	7a. Bi	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO		MARRIED   NEVER MARRI	ED 🛄	9 BALTIMORE CITY OR COUNTY OF DEA		н		
o o o o o o o o o o o o o o o o o o o		rginia TY OR TOWN OF DEATH	U.S.A.	, NURSING	VIDOWED X DIVORCI HOME OR OTHER INSTITUTE  PRESS)	ON 12a	Montgomery USUAL OCCUPATION TO OF WORK FOR MOST OF WOR		MD. IND OF BUSINESS OR STRY		
	USU/	Ensington AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDE		ens Nursing Ho		Bookkeeper STREET ADDRESS / ZIP		unting 20902		
	Mc	d. Mong			Dring YES NO		31 Universa	ity Blvd.	West		
part de la	16a V	James VAS DECEASED EVER IN U.S. AS	C	olling TAL SECURIT		ce	MIDDLE		Vew		
be executed the property of th			VE WAR OR DATES)	09-601		E. Hal	5027 Both L Maryland,	20782			
rficate physicia npaper maval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly one couse per line for (c ED BY: TE CAUSE (o) COMO	b), (b), and is	is culare co	Osto	el -	APPRO BETWEE	DXMATE INTERVAL N ONSET AND DEATH		
uires that the death co igned by the attendin on please remove carb tround, cremation, or vry, ar ather traumatic	7	Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO	137242	CE OF CARDIAL  CE OF BOLIC S  ATH BUT NOT RELATED TO TH	TROKU	E-RIGHT It	CTYIPCOGIA	l(o·		
in.  has been s permit. The permit. The lary inji	IFICATION	190 DATE OF OPERATION	196. CONDITION FO	R WHICH OF	PERATION WAS PERFORMED			F YES, WERE FIND CERTIFYING CAUSE YES			
SICIAN: The ng physicion certificate I vial-transit tental Hypellem-18	MEDICAL CERTIFIC	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE	R) P.M.	NTH DAY	YEAR 19		ENTER NATURE OF INJURY IN II		110		
NG PHY attendi ifter this as the bu th and M	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJUR		A, ETC.) 211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE		
R ATTENDI haspital an IRECTOR: A hed far use ept. af Heal		220. I certify the (1) his hosp sow the deceased alive or above, (1) (we) (did) (did no 22b. \$GNATURE)	9/19	19. PG	DEGREE	opinion death	to		that (I) (we) lost ne couses stoted		
O HOSPITAL O etained by the TO FUNERAL D should be detect with the State D MPORTANT: If I		22 PHYSICIAM'S NAME (TYPE	A		22e ADDRESS	CIAN DIF	EDICAL STAFF RECTOR PHYSICIAN	-	20/86		
TO HOSI	23a E	BURIAL, CREMATION, REMOVAL	JOLINAS 1236 DATE	123c NA	ME OF CEMETERY OR CREMA		AV. S.S.		702		
BP	24 51	Burial  JNERAL DIRECTOR France	Sept. 22,	1986	Ft. Lincoln	26- DATE BE	Brentwood  CD. BY REGISTRAR 256. F				
DHMH - 16 60M 7/B4 (VRA 15, 4)		00 University B				SEP 2	5 <b>1986</b>	REGISTRAR'S SIGN	ATURE CONTROL		

itu Rhyd W. Silver Spring

(VRA 15, 4)

7	201	H		FOR			DEPAI		E OF MARYLAN		ENE ÖÖ	2	6	5 4	1
0 = 174	1:0	5	1 -	REGISTRAR Josephi	ine	K. Hamme	er	CERTII	ICATE OF DE	ATH	REG. NO	D.			
0 1 / 4	22 %	2		CEASED NAME FIRS		MIDD	LE	11	AST		20 DATE OF DEATH	MONTH DAY	0.	26 HOUR	_
2	12	<u>۷</u> ۱			INC			411	mmek		Sept	-3	56	of P	M
1	50	31	J. SEX		4	RACE		5. DATE	1 DAY	93	6 AGE (IN YEARS AST BIR		INDER 1 YEAR	# UNDER 24 HRS HOURS MIN.	-
	Sura Z	3	la BI	RTHPLACE (STATE OR FOREIG	N 7h	CITIZEN OF WH.	AT COUNTR	2Y? 8.	21		9 BALTIMORE CITY O	R COUNTY OF	DEATH		-
<b>1</b>	200	5	T	DUARY)	1	USA		MARRIE	D NEVER MA	ARRIED -	Montgomer	_		M	D
1	1		10. CI	TY OR TOWN OF DEATH	11	. NAME OF HOS		SING HOME		TUTION	12a USUAL OCCUPATI		12b, KIND OI	BUSINESS OF	2
10.1	14 (1)	1	5	versprings	§  S	YIVAN M	IANOR	Heart	h CARC	ENTER	Administra			Health	
17 1	11/3	1	13a. S	I do	COUNTY	130	CITY OR TO	NWC	13d. INSIDE CIT		13e STREET ADDRESS	ZIP CODE	99	996	50
A E	14 1		100	THER'S NAME	Vone		Washir	ngton	YES A I	NO 🗌		ST. A	E PO	10018	- 1
d with	1000	/ [		Victor	MID	DDLE	Kun	1.2		arbara	Ann	a.	Herr	ing	
RE, A	d central de central d	3		VAS DECEASED EVER IN U.		D FORCES? 16h		CURITY NO.	17 INFORMAN		ADDRE				DC
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120  NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours offending physician.	Pog m	1	(	No No	TES, GIVE W	5	18-64	0.6807	John A	A . Bown	nan 2900 N	ewton S		Vash., 20018	_
BAL	TIN			18. CAUSE OF DEATH (En	ter only	one couse per line	for (a), (b),	ond ici.	7101	MBO	1616			MATE INTERVAL	
L ST.,	831					CAUSE (0)	KER	IKITC	IHICO	11-11-00	717		6 N	100/17	<u>&gt;</u>
ESTON death	200			Conditions, if any, whi	ich	DUE TO, OR AS	S A CONSE	OUENCE OF							
PRE d	rema emat	. 80		gave rise to immedia couse (a), stating t	te	DUE TO, OR AS	S A CONSE	DUENCE OF							
y Loat	d by eose al, cr			underlying cause la	ist.	(c)									_
<b>35, 2</b> (	signe nen pl a bur jury, e		z	PART 2 OTHER SIGNIFIC	ANT CO	NDITIONS CONT	RIBUTING 1	TO DEATH BU	NOT RELATED T	O THE TERMI	nal disease or con	DITION GIVEN	IN PART I to		
W rec	mit. T		CERTIFICATION	19a DATE OF OPERATION		196 CONDITIO	N FOR WH	ICH OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?	20b. IF YES, V			_
AL RE	has	71	TIFIC								YES NO	IN CERTIFYIN		OF DEATH?	
VIT NA T hysici	certificate rial-transit entol Hygi frem 18 sh	7		21a. ACCIDENT WAS UNDERLYIF	-	21b. TIME OF IN		DAY YEAR	21c HOW INJU	URY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM IS PART	I OR PART 2)		
N ON		7	MEDICAL	(IF EITHER NOTHY MEDICAL EX		P.M.	IN CHILDRY	19	21f. LOCATION	N.					_
ASIO 3 PHY trends			MEC	WHILE NOT WHILE		(AT HOME STREET,		CE FARM ETC )	STREET	,	CITY OR TO	WN	COUNTY	STATE	
DIV. ATTENDING	se as the salth and morked			22a L cartifu that (I) (this	hospital	) attended the d	ecepsed fro	m_MA	76	, 19.870	, to SEPT	3_, 19.	86	hat HT(we) lo:	st
TTEN	for of Ho			saw the deceased all above, (I) (w/) (did) (	ive on _	iew the body after	2 19	86.	nd that in (my) (	or) opinion d	leath occurred on the de	ate and hour a	nd from the	ouses stated	
OR ATT	DIRE Dept. f Item			22b. SIGNATURE	20	11/		-wV	DEGREE	TENDING	/MEDICAL STAI	: F	22c DATE :	SIGNED	,
TAL by #	ERAL State	4		22d. PHYSICIAN'S NAME	/ 7	41	8 K	vn 1/	PH 22e ADDRESS	HYSICIAN	DIRECTOR   PHYSIC	IAN 🗌	1750	P1 8E	2
HOSE	should be det with the State	/ [		WALTED 1	5	G0024	N	D	2309 St	HOREF	TEUD KY	HTON	MD	2090	2
To	5 de MA	-	23a. 8	SURIAL, CREMATION, REM	OVAL	23b. DATE			EMETERY OR CR		23d. LOCATION		, , ,	55/5	=
aaa aBP	199			Burial		9/5/86			lem. Parl	k Cem.	Fall's Ch	urch, t	PANTY	STATE	
	16 50M 4/83		24 F	JNERAL DIRECTOR JOS	eph	Gawler's	Sons	, Inc.		0.00	REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNAT	JRE	
(VR	RA 15, 4)	Ļ		DIDO MI	Ave	· NW Was	11. • D	C 2001	, 		1986	10/www.	्राच्या । जिल्लाम्	dala .	=

dec 3	(TYPE	OR PRINT)		rsons	HAN	1 COCK	REG. NO.  20. DATE OF DEATH M	5 /986 //:2/
1 30	Fer Fer	male fax	4 RACE Whit	e	5. DATE O	7, 1908 YEAR	6. AGE (IN YEARS LAST BIRTHO	YRS.
17 19 19 19 19 19 19 19 19 19 19 19 19 19		RTHPLACE (STATE OR FORE) COUNTRY)  DC	Th CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D MEVER MARRIED	9 BALTIMORE CITY OR Montgomery	
200		TY OR TOWN OF DEATH Bethesda	Subur	tyson mastr	Cat)	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Housewife	VORKING LIFE) INDUSTRY
<b>U</b> 23	13a. S	MD N	HOME OR OTHER INSTITUTION COUNTY ONCO	GIVE RESIDENCE BEFORE  134 CITY OR TOW  Chevy Ch		13d. INSIDE CITY LIMITS? YES NO []	13e STREET ADDRESS / Z 8101 CT AV	ZIP CODE S 307 208/
1 1/3/3	14 FA	THER'S NAME FIRST  Jack	MIDDLE	LAST Haa	s	15. MOTHER'S MAIDEN NAME Daisy	MIDDLE	Taggart
Poper Poper		VAS DECEASED EVER IN ( (ES. NO OR UNKNOWN) (II	J.S. ARMED FORCES? EYES, GIVE WAR OR DATES)	215-38-5		Robert W. Ha	ncock Same a	
he fave requires that the de- on- has been righed by the arth- commit. Then places remove see prior to buriol, cremation over any injury, or other trans-	CERTIFICATION		cast. DUE TO, Co	OR AS A CONSEQUE  CALON  ONTRIBUTING TO C	luce	atherse T RELATED TO THE TERM I WALL PERFORMED		TION GIVEN IN PART ITO  206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO
TENDING PHYSICIAN TO pard as extending physics TOR after this certificate to use as the bosicificant of Health and Mental Hygin 21 is marked as hem 18 thr	MEDICAL CERT	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL E 21d INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE Sow the deceased of	E OF DEATH AMINER F  21e. PLACE (AT HOME S  s hospital) attended t	P.M. OF INJURY TREET, FACTORY OFFICE F.	9	211 LOCATION STREET  19 86  10 that in (my) (@or) opinion	eity or 10wh	NITEM IB PART I OR PART 2)
AL OR A THE hon AL DIREC denoched are Dept.	1 5	226 PHYSICIAN'S NAME	Eghe W.	Of te	, M.	DEGREE  ATTENDING PHYSICIAN PARTY ADDRESS  6718 WIZSO	MEDICAL STAFF DIRECTOR   PHYSICIA	



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Instal Sept.10,1980 Fine From Hs. Airs, Merroll, Ms. Olin I. Polestorth, P.A., Ustrucus, M.

Yes Mr 2 579-12-9733 Adelaide T. Harmakener , Tten 13

executed within 24 hours ofter

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - STATE REGISTRAR			EALTH AND MENTAL HY	GIENE O REG. NO.	26.	3 4 U
1. DECEASED NAME FIRST	WIDDLE	L	AST	20. DATE OF DEATH MON	NTH DAY YEAR	2b. HOUR
(TYPE OR PRINT) Frank	I.	. Ha	rris	September	21 1986	2:55P.M
J. SEX	4_RACE	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTHDA		
Male	Caucasian	n MONTH			MONTHS DAYS	HOURS MIN.
a. BIRTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT	COUNTRY2 8	tember 9, 189	9 BALTIMORE CITY OR C	OUNTY OF DEATH	<u> </u>
"New York	U.S.A.	MARRIE	NEVER MARRIED	Montgomery		
0. CITY OR TOWN OF DEATH		WIDOWE		12a. USUAL OCCUPATION		OF BUSINESS OR
Olney	Montgome	ry General		Auditor	DRKING LIFE) NOUSTRY	51 803114E33 OK
USUAL RESIDENCE (IF NURSING HOM 130. STATE Ma. 126 CC	tgomery 1315	SIDENCE BEFORE ADMISSION) ITY OR TOWN LIVER Sprin	134 INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS / ZI	P CODE les Drive	20906
4. FATHER'S NAME Abräham	WIDDLE	Härris	IS. MOTHER'S MAIDEN NA FIRST UNK	NOWN MIDDLE	LA	ST
60. WAS DECEASED EVER IN U.S.		OCIAL SECURITY NO.	17. INFORMANT	ADDRESS		
19 SOOR UNKNOWN) (IF YES	GIVE WAR OR DATES) 213	3-09-6000	Margie W. Ha	rris same as	#13	
	DUE TO, OR AS A	CONSEQUENCE OF  CONSEQUENCE OF  BUTING TO DEATH BUT		MINAL DISEASE OR CONDITI	ON GIVEN IN PART 1	
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ok which or Ekkino	· · · · · · · · · · · · · · · · · · ·		CERTIFYING CAUSE	
	DEATH HOUR A.M. A	JRY AONTH DAY YEAR 19	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	
OR CONTRIBUTING CAUSE OF  (IF EITHER, NOTIFY MEDICAL EXAM  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK	21e. PLACE OF INJ (AT HOME STREET, FAC	JURY CTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
220.1 certify that (1) (this had sow the deceased alive above, (1) (we) (did) (did)			d that in (my) (our) opinion	deoth occurred on the dote		that (1) (we) lost e couses stated
226. SIGNATURE Gustar	S. Och		PHYSICIAN [	MEDICAL STAFF DIRECTOR   PHYSICIAN	_	Sep 8
GUSFAU		/AVA/	22e ADDRESS Leis			2090
30. BURIAL, CREMATION, REMOV Burial	Sept. 23.	86 Parklo		ROCKVILLE		Md.
4 FUNERAL DIRECTOR Franc 500 University	is J. Collin Blvd. West.	s. Jr. Silver Spr		1E REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNA	History !

20901

DHMH - 16 60M 7/84 (VRA 15, 4)

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to FUNERAL DIRECTOR. A should be detached for use with the State Dept. of Hea MPORTANT, If he

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			FOR					OF MARYLAND	VOIENE 8 6	9	6 3	A I
10-19	1475	1 -	FOR STATE REGISTRAR	RANDAL	L 1	DEPART M.		EALTH AND MENTAL H	I OIENE	G. NO.	0 3	
	m £		EASED NAME	FIRST	- 011	WIDDIE	HAR		20. DATE OF DEAT	H MONTH D	AY YEAR	2b. HOUR
y be	poge			KHN	DALL	N1.		HARRIS		0-86		0630 M
ge 4 may	director, po	3-SEX	MAL	E	1 RACE	)HITE	5. DAUEN	DAY YEAR	6. AGE (IN YEARS LA	- 1	ONTHS DAYS	HOURS MIN.
deoth. Poge	in 72 hou	7e. BIF	THPLACE (STATE DUNTRY) West Va.	OR FOREIGN	USA	WHAT COUNTRY?	WIDOWE		9. BALTIMORE CI	_	OF DEATH	ERY MD.
ofter	by the filed with	0	X ORTOWN OFF	DEATH	(IF NOT IN SU	HOSPITAL, NURSII CHFACILITY, GIVE STREET GROVE ADV	ADDRESS)	PITAL	120. USUAL OCCU	OST OF WORKING LIFE	INDUSTRY	F BUSINESS OR HONE CO.
AND 212	filled in	13a. S	L RESIDENCE (# N FATE MD .	13b COUN	OTHER INSTITUTION TY FOMERY	130. CITY OR TOV	/N	13d. INSIDE CITY LIMITS?	130. STREET ADDRI 25024	SS DRIV	E 2087	72
MARYLAND 2120 ed within 24 hours	and 2 st		THER'S NAME  ILLIAM	EARL "	AIDOLE H.	ARRIS LAST		15. MOTHER'S MAIDEN N	MARIE MIDE		XON	
BALTIMORE,	Poges 1		AS DECEASED EV		MED FORCES? WAR OR DATES)	577-07-2		17 INFORMANT EDNA PAULI		ARLINGT	ON, VA. 2	22204
ST., BALI	physicia on popers emoval.		18 CAUSE OF DE PART I. DE ATH	ATH (Enter only WAS CAUSED IMMEDIATE		r line for (o), (b)	MLA				BETWEEN C	MATE INTERVAL DISET AND DEATH
PRESTON She deoth ce	e ottending move carb notian, ar r troumotic		Conditions, if o		DUE TO, C	OR AS A CONSEQU	ENCE OF	9	acud	ce		
3 6	d by the leose rem ial, cremo		couse (o), sto	ating the	DUE TO, C	OR AS A COMSEQU	ENCE OF	Augure	2			
ORDS, 20	Then p r to bur injury,	NOIL			ONDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR (	ONDITION GIVE	N IN PART 110	,
AL RECC	o berm	CERTIFICATION	190 DATE OF OPE	RATION	19b. COND	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDIN	
OF VIT	riffico I-fro ol Hy		216. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY M	CAUSE OF DEAT			AY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER MATURE OF	INJURY IN ITEM 18 PA	RT I OR PART 2)	
VISI G PI	k o + e	MEDICAL	WHILE NOT	WHILE WORK		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC )	211. LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
ATTENDIN	for us		sow the dece	(I) (this hospite eased alive on _ e) (did) (tid	Sent	he deceased from	3-6/1. or	d that in (my) (our) opinion	on death occurred on the	- 26. 1 ne date and hour		that (1) (we) last couses stated
OR A	DIRECTORECTORECTORECTORECTORECTORECTORECTO		27k SIGNATURE	1/1			and a	DEGREE ATTENDING PHYSICIAN		STAFF VSICIAN [7]	1h Date !	200
ноѕед	PORTANT		22d. PHYEIGHAN'S	NAME (TYPE OR	PRINT)	11	lu I	220. ADDRESS	1 Jant	rofre	Land of	2082
21	2413/	23e B	JRIAL, CREMATIO	N, REMOVAL	23b. DATE			EMETERY OR CREMATOR	236. LOCATION	1000		-
В	P	(5	CREMATI	ON	SEPT.	27,1986	BALT.	WASH. CREMATO		P. GEO		D. STATE
DHMH	- 16 50M 4/B2		NERAL DIRECTOR		T 177	TONICITE TO THE CO	M	20070	ATE REC'D. BY REGIST	RAR 256 REGISTR	AR'S SIGNATI	JRE
	/RA 15, 4)	FR	ANCIS H.	BARBER	LAY.	TONSVILLE	, MD.	20019	EP 2.9 1981	with at ant att	estado.	

634	FOR STATE REGISTRA	AR	D	EPARTMENT OF	E OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8 6	2	6 3 4 2
1.0	ECEASED NA	AME FIRST	WIDDLE		AST	20 DATE OF DEATH	MONTH DA	YEAR 26 HOUR
3.5	PE OR PRINT)	ELSIE	D	H	ARSCH		9 10	1 86 7.45
3. Si	EX		I. RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR UNDER 24 HR
1	F	=	WHITE	MONT	30 99	86	YRS.	ONTHS DAYS HOURS MI
			b. CITIZEN OF WHAT CO	UNTRY? 8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY C		OF DEATH
/ Wo	ishingt	ton,D.C.	INSA	WIDOW		MONT	TGom	EKY.
VA -	SI WIE	0.0	(IF NOT IN SUCH FACILITY, G	NURSING HOME (  THE STEET ADDRESS)		120 USUAL OCCUPATION OF WORKFOR MOST OF MEDICAL	ION	126 KIND OF BUSINESS C
USI	UAL RESIDEN	CE (IF NURSING HOME OR C	OTHER INSTITUTION, GIVE RESIDENTY 13c. CITY	-	13d INSIDECITY HMITS?	13e.STREET ADDRESS	ZIP CODE	
-0 14 F	Md.		tgomery   Sil	ver spun	YYES NO NO NA	1316 Fenw	rick La	ne 20910
0	George			rury	Lydia	WIDDLE		Cruit
160	WAS DECEA (YES, NO OR UNI NO	SED EVER IN U.S. ARA KNOWN) (IF YES, GIVE	WAR OR DATEST	148-5524	Gordon Hars	ch same a		
	18. CAUSE PART I.	OF DEATH (Enter only	y ane cause per line for la	), (b), and (c). I	1 -			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
NO	PART 2 O		DUE TO, OR AS A CO	reen	MOT RELATED TO THE TERM	ainal disease or con	DITION GIVE	N IN PART Ito
NE PER PER PER PER PER PER PER PER PER PE	190 DATE C	DF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
AL CERTIFICATION	00 000 000	NT WAS UNDERLYING DEATH	21b. TIME OF INJURY HOUR A.M. MON	NTH DAY YEAR	N WAS PERFORMED	YES NO	IN CERTIFY YES	NO NO
	00 000 000	NT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY	NTH DAY YEAR	21c HOW INJURY OCCUR	YES NO NO RED (ENTER NATURE OF INJU	IN CERTIFY YES	ING CAUSES OF DEATH? NO THE PART 21
MEDICAL CERTIFICATION	00 000 000	ENT WAS UNDERLYING UTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MON P.M.	NTH DAY YEAR	21c HOW INJURY OCCUR	YES NO	IN CERTIFY YES	NO NO
	OR CONTRIB  LIFEITHER I  21d. IN JUR  WHILE AT WORK  22a. I certif	INT WAS UNDERLYING USUAL THE CAUSE OF DE AT NOTIFY MEDICAL EXAMINER)  YOCCURRED  NOTIWHILE AT WORK  The third (I) (the bosoithe deceased alive an analysis)	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME STREET FACTOR) at ottended the decease	NTH DAY YEAR 19 Y Y OFFICE, FARM ETC ) d from	21c HOW INJURY OCCUR	YES NO NO RED (ENTER NATURE OF INJU	IN CERTIFY YES RY IN ITEM 18 PAR	ING CAUSES OF DEATH? NO  COUNTY STATE  COUNTY STATE
,	OR CONTRIB  LIFEITHER I  21d. IN JUR  WHILE AT WORK  22a. I certif	ENT WAS UNDERLYING	HOUR A.M. MON P.M.  21e PLACE OF INJURY (AT HOME STREET FACTOR)	NTH DAY YEAR 19 Y Y OFFICE, FARM ETC ) d from	21c HOW INJURY OCCUR 211 LOCATION STREET  19 For that in (my) (our apinion) DEGREE	YES NO NO RED (ENTER NATURE OF INJU	IN CERTIFY YES RY IN ITEM 18 PAR OWN	ING CAUSES OF DEATH? NO  COUNTY STATE  COUNTY STATE
	OR CONTRIBUTE THE THE THE THE THE THE THE THE THE T	ENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME STREET FACTOR)  View the bady after deat	NTH DAY YEAR 19 Y Y OFFICE, FARM ETC ) d from	21c HOW INJURY OCCUR  211 LOCATION STREET  19 FT  10 that in (my) (our opinion  DEGREE  ATTENDING PHYSICIAN	YES NO NO NO RED (ENTER NATURE OF INJUDICAL STA	IN CERTIFY YES  RY IN ITEM 18 PAF  OWN  FF  TIAN	COUNTY STATE  , that (I) (week
MEDICAL	OR CONTRIBUTE THE STATE OF THE	ENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME STREET FACTOR)  Wiew the bady after deat  wiew the bady after deat  21b. TIME OF INJURY (AT HOME STREET FACTOR)  WIEW THE BADY AFTER	NTH DAY YEAR  19 Y OFFICE, FARM ETC)  d from  19	21c HOW INJURY OCCUR  211 LOCATION STREET  211 that in (my) (our opinion DEGREE  ATTENDING PHYSICIAN 212e ADDRESS 10301 Georg EMETERY OR CREMATORY	YES NO NO NORTH NATURE OF INJUDICAL CITY OR TO DIRECTOR PHYSIC A AVE., Side A	IN CERTIFY YES RY IN ITEM 18 PAF  OWN  THE THE TEM 18 PAF  THE	COUNTY STATE  COUNTY STATE  22c DATE SIGNED  22c DATE SIGNED  27mg, Md. 20
WEDICAL	OR CONTRIB  (IF EITHER 17  21d. IN JUR 2  AT WORK 2  270. I certif sout of the	ENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME STREET FACTOR)  View the bady after deat  22b DATE  Sept. 13,8	NTH DAY YEAR 19 Y OFFICE, FARM ETC)  d fram 19 ch. 23( NAME OF (	21c HOW INJURY OCCUR  211 LOCATION STREET  211 that in (my) (our opinion DEGREE  ATTENDING PHYSICIAN 212e ADDRESS 10301 Georg EMETERY OR CREMATORY	YES NO NO NORTH NATURE OF INJUDICAL CITY OR TO DIRECTOR PHYSIC A AVE., Side A	IN CERTIFY YES RY IN ITEM 18 PAF  OWN  THE THE TEM 18 PAF  THE	COUNTY STATE  COUNTY STATE  22c DATE SIGNED  22c DATE SIGNED  27mg, Md. 20
WEDICAL MEDICAL	OR CONTRIB  (IF EITHER 17  21d. IN JUR 2  AT WORK 2  270. I certif sout of the	ENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME STREET FACTOR)  Wiew the bady after deat  wiew the bady after deat  21b. TIME OF INJURY (AT HOME STREET FACTOR)  WIEW THE BADY AFTER	NTH DAY YEAR 19 Y OFFICE, FARM ETC)  d fram 19 ch. 23( NAME OF (	21c HOW INJURY OCCUR  211 LOCATION STREET  211 LOCATION STREET  1 19 FG ATTENDING PHYSICIAN 22e ADDRESS 10301 Georg  EMETERY OR CREMATORY Of Heaven	YES NO NO NORTH NATURE OF INJUDICAL CITY OR TO DIRECTOR PHYSIC A AVE., Side A	IN CERTIFY YES RY IN ITEM 18 PAF  THE ATTEM TO THE ATTEM	COUNTY STATE  CO

		1 -	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	SIENE 8 S	26343
	99		CEASED NAME PIRST OR PRINT)	Medite	HAR	+MN	SEPTOPLE	DAY YEAR 26 HOURS
mor mor		3 SEX		4 RACE		OF BIRTH	6 AGT (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MIN.
recto urs o			ale	Caucasi		b. 22, 1913	1 3 YE	
ifter death. Pr	40	Wa	Shington, DC		tates widow	The state of the s	MONSOME	The County MD.
by 5 o	70	Ве	ty or town of DEATH	Suburb	an Hospit		12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIP Printer	IS KIND OF BUSINESSOR INDUSTRY U.S.  Government
AND 212	3	130. S Ma	of.	OUNTY 13c.	esidence before admission CITY OR TOWN ethesda	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C 8504 Howell	Road/20817
ARYL, ARHin Smpletely sound 2 sh	Cx burne		THER'S NAME Richard	MIDDLE T.	Oette1	15. MOTHER'S MAIDEN NA Margaret	WIDDLE	Dieudonne
IMORE In ond co	medico			CINE WAR OR DATES	7-03-2927	Mary Ruth	Hartman, sam	
ON ST., ISALTIUM the certificant and physician and physician acarbon goopers.	an, or remaval. umatic event, th		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	only one couse per line USED BY: HATE CAUSE (a) DUE TO, OR AS,		ne Sho	ele	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 W. PREST	ol, crematian r ather traum		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS	ACONSEQUENCE OF	ty	was wy k	days
DIVISION OF VITAL RECORDS, 20 NG PHYSICIAN: The low requires is oftending physicion. Her this certificate has been signed as the busined remain. Then ple	e prior to bu	CERTIFICATION	PART 2 OTHER SIGNIFICAN	ple Mye	FOR WHICH OPERATION	I Bancy t	IN CE	FYES, WERE FINDINGS USED RITEFYING CAUSES OF DEATH?  YES NO NO
NOF VITAL SICIAN: The ng physicion certificate he	Hygie 8 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	110110 111	URY MONTH DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEA	
VISION O  G PHYSIC offending er this cert	T We	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK	21e PLACE OF IN	19 NJURY ACTORY, OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDI Intel or	of Health 21 is mark		220 I certify that (I) (the fice saw the deceased alive above, (I) (did) (did	00 9/19	19 86	and that in (my) (our opinion	to 7 25 death occurred on the date and	hour and from the causes stated
At OR At	rate Dept.		22b. SIGNATURE	> Ken	na 1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	221 DATE SIGNED
O HOSPITAL Hained by th O FUNERAL	MPORTAN		22d. PHYSICIAN'S NAME (17 Stephen	J. Newmar	n, M.D.		0 Old George ville, Maryl	
₽P	3 ≥7	E:	BURIAL, CREMATION, REMOV	22, 198	o l Mauso	CEMETERY OR CREMATORY  COLD  C	23d LOCATION CITYORTOWN Brentwood	COUNTY Maryland
DHMH - 16 (VRA 1		24 F	UNERAL DIRECTO Rober 57 Wisconsir	ct A. Pumph Ave. Beth	rey Funer	al Homes	P 2.2 1986 AR 2756 RE	GISTRAR'S SIGNATURE .

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STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR 1 Hines Rinaldi Funeral Home S

11800 N.H. Ave., Silver Spring, Md. 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S A COMMUNE

1-19596	1	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE O D	26042
oge 3		CEASED NAME FIRST E OR PRINT) Caroline	. Mary	Hanff	9	33 86 1:22 t
age 4 mo		Female	White	5. DATE OF BIRTH MONTH OAY YEAR 11	6. AGE (IN YEARS LAST BIRTHD	YRS.
a		IRTHPLACE (VARIOUROREDA 7	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	9 BALTIMORE CITY OR O Montgom	ery ,
	1	alroma lark	(IF NOT IN SICH FACILITY, GIVE STREET  WOUNDS YOU  HER INSTITUTION GIVE RESIDENCE BEFORE	Odventist Hosp	Retail Sate	YORKING LIFE) INDUSTRY
	Y	nd Anne		N 134 INSIDE CITY LIMITS? YES NO	Lot 200	Lyons Creek
and with	U	Anthony	IDDLE LAST Chwale		WIDOLE	Stawchek
be exect	160.	VAS DECEASED EVER IN U.S. ARM TES, NO OR UNKNOWN) (IF YES, GIVE	NED FORCES? 166. SOCIAL SECU WAR OR DATES) 197-24-1	Hust	ruff Lot 200	Lothian, Ma. 207 Lyons Creek Mobi
physicio in poper montal	1	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		er metastas	es Estat	
s that the death cert of by the ottending alease remove corter or other troumotics		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	on cancer		3 yra
equires to signed. Then ple to burio injury, or	NO	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO I	DEATH BY NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	TION GIVEN IN PART 110
on. he low r on. t permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	NO. IF YES, WERE FINDINGS USED NO CERTIFYING CAUSES OF DEATH?  YES NO NO
HYSICIAN: TI ding physicia is certificate buriol-transif Mental Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.	YEAR 19	RRED (ENTER NATURE OF INJURY II	NITEM 18 PART I ORPART 2)
DING PHYS or ottendir After this east he bu	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	CITY OR TOWN	COUNTY STATE
Spirol STOR: for us of He		220.1 certify that (1) (this hospital sow the deceased alive on above, (1) (we) (did) (did not)			death occurred on the date	ond hour and from the couses stated
Q O T . E				DEGREE		22c. DATE SIGNED
TAL OR A by the hosy the hosy the hosy detoched detoched tote Dept.		Peter Shere		MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	9-2 8
RAL State of the store of the s		feter Shire 1940 She		ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	9-2 V
TO HOSPITAL reformed by the TO FUNERAL should be detrived with the Stote IMPORTANT: I	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	MD ATTENDING PHYSICIAN 220 ADDRESS BY AME OF CEMETERY OR CREMATORY	rara A.	Wheeten and 2
RAL State of the store of the s		BURIAL CREMATION, REMOVAL (SPECIFY) BURIAL	icec x	MD ATTENDING PHYSICIAN  270. ADDRESS  BY NAME OF CEMETERY OR CREMATORY  TE OF HEAVEN	rara A.	Wheefon and 2  Wheefon and 2  ina Montgomery Md

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-19458	L	REGISTRAR	ichard	_		ATE OF DEATH Heilman	20 DATE OF DE	REG. NO.	DAY YEAR 12	L HOUR
y be deoth deoth deoth		CEASED NAME FIRST R	ichard	MIDDLE LEE	Heilm	hellman	20 DATE OF DE	26/20		23 gm
ctor. po	3 SE	× M	4 RACE	uc	5. DATE OF E	DAY YEAR	6 AGE (IN EARS	74 YRS.		FUNDER 24 HRS HOURS MIN.
		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIED [	NEVER MARRIED X	9 BALTIMORE	CITY OR COUNTY	OF DEATH	MD.
11 68	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING	HOME OR		120 USUAL OC		12b. KIND OF INDUST 121	vate or
1 2 2 2 4	130.	AL RESIDENCE (IF HURSING HOME)	OR OTHER INSTITUTION, UNITY		C. 113	INSIDE CITY LIMITS?		oress / zip code Park Hil	0	209/1
1 12 6	14. F.	THER'S NAME FIRST Louis	MIDDLE	Heilm	15	MOTHER'S MAIDEN NA NOLA	ME		Barrow	
Popes I		WAS DECEASED EVER IN U.S. A	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECURI		John GCha		SPRISE (Bro.in	Law)	
serrificate b ding physica arbos papers or ferrioval, disc event, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE)	ATE CAUSE (0)	Seps) S					-	SET AND DEATH
the death the otten remove co emation.		Conditions, if any, which gave rise to immediate couse (a), stating the	(b)_	PNEUMONT	ICE OF				1 mo	inth en12
equires than a signed by Then please to burnel.	z	underlying couse lost.  PART 2. OTHER SIGNIFICANT	/	77	ATH BUT NO	1	AINAL DISEASE O	R CONDITION GIV	EN IN PART 110	
n. no seen as been permit. The permit. The permit of the p	CERTIFICATION	194 DATE OF OPERATION 7/27/86	denusar 11th COND	BDONN	PERATION	VAS PERFORMED	78s AUTOPS	200 IF YES	. WERE FINDING YING CAUSES O	
IAN T physici rificate I-transi al Hygi		THE ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE ON D IF EITHER MOTEY MEDICAL EXAMO	HAIN HOUR A	FINJURY M. MONTH DAY	17	IL HOW INJURY OCCUR	RED (ENTER NATUR	CO MARKET HE PERSON THE	MET 1 OR PART 2)	
or this the b	MEDICAL	714 MJURY OCCURRED	21e. PLACE (AT HOME, SIT	OF INJURY HEEL FALSORY, OFFER, FAR		II LOCATION		ITY OR TOWN	COUNTY	51A16
TEN ortal TOR: for us		The I certify that (I) (the has saw the decreased alive a above (I) (yes) did) (did	24 1 24	The state of the s	6 and	har in (my) (our) opinion	to death occurred o	n the date and how	THE RESERVE OF THE PARTY OF THE	ot (I) (we) last uses stated
OR DER		Lawy &	2/al				MEDICAL DIRECTOR [	STAFF PHYSICIAN	9/2	7/86
TO HOSPITAL retained by the TO FUNERAL should be detined to with the Store IMPORTANT:		GARRY	D. Ru	IBEN, M	. Q. 2	11120 New	V Hampi	Are. Silver	Spring	, md.
BP		BURIAL, CREMATION, REMOVA (SPECIFY) Cremation	23b DATE 9/27	/86 Met	ME OF CEM	etery or crematory litan Serv	23d LOCATION CITY OR AL	exandria	a, Va.	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR Innes/Rinald:	1180	O New Ha	mp.Av	7e.   25a. DA	TE REC'D. BY REG	ISTRARI25h REGIST	RAR'S SIGNATU	Edelic

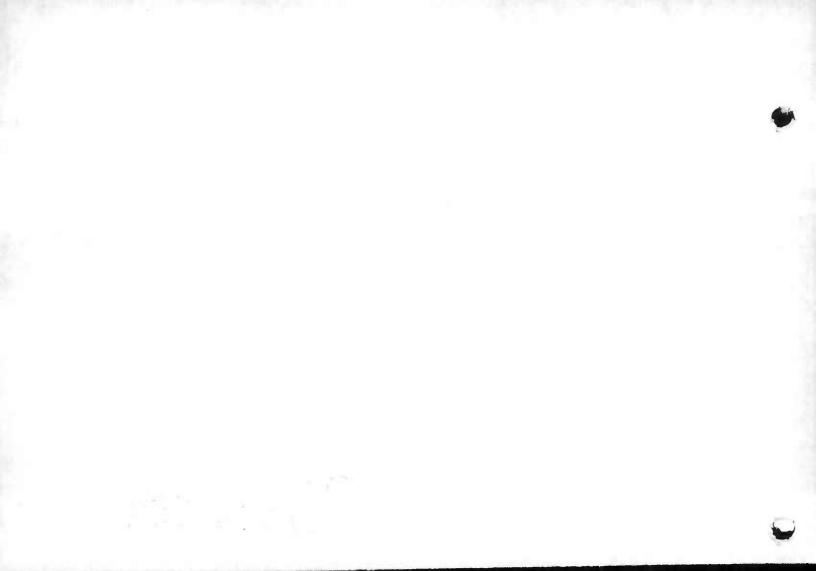
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15			FOR		OF MARYLAND EALTH AND MENTAL HY	GIENE O 2	6 3 4 4
nn-	10010		STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.			
BATTHOORE, MD 1201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS ATTER DEPTH IF AND BELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD, "PENDING" IN PENCIL IN ITEM 18, GWEDGES 1, 2 AND 3 TO THE FUNERAL DIRECTOR.  PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH CORM.  TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE BE USED AS A BURBALT. PRANSIT PREMIT. PAGES AND 2 SHOULD BE FILED, WITHIN 72 HOURS AFTER DEPARTMENT OF HEALTH AND MENTAL HYGENE, DIVISION OF WITH RECORDS, 201 W. PRESTON STREET, AND 2 SHOULD BE ALLOWED.	76. 8 FC  76. 8 FC  40. CC	RTHPLACE (STATE OR THE NOTE OF	MIDDLE  OF BIRTH DAY YEAR  OF BORTH DAY YEAR  OF BORTH DAY YEAR  OF BORTH DAY YEAR  OF BORTH DAY YRS.  EN OF WHAT COUNTRY?  8.  U.S.  IE OF HOSPITAL, NURSING HOME, COUNTRY OR TOWN DAY  IT IN SUCH FACILITY, GIVE STREET ADDRESSION) DAY  LAST  HEreth CES? 166 SOCIAL SECURITY N ES)  116-03-0306	LAST    FUNDER I YR.     FUNDER 24   MONTHS DAYS HOURS   N    MARRIED   NEVER MARRIED     NO CED     DIVORCED     DIVORCED	20. DATE KNOWN MONOF DEATH MATED DEATH DEATH MATED DEATH MATED DEATH MATED DEATH MATED DEATH MATED DEA	IN OAY YEAR 24 HOUR  WITH OAY YEAR 24 HOUR  WITH 19 F A MA  UNITY OF DEATH  WAD.  OR INDUSTRY  Nat'l Security  LAST  Haemer  AS #13
N OF VITAL RECORDS, 201 W. PRESTON ST.		MEDICAL CERTIFICATION	PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE  Canditians, if ony, which gave rise to immediate cause (a) stating the under- lying cause last:  PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTION  190. DATE OF OPERATION  191.  210. EXTERNAL CAUSE WAS  21b.	JE TO, OR AS A CONSEQUENCE OF  (b)  JE TO, OR AS A CONSEQUENCE OF  (c)  IG 10 DEATH BUT NOT RELATED TO THE TERMINA  B. CONDITION FOR WHICH OPERAT  B. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	ION WAS PERFORMED?	LIST DISC	2B AUTOPSY?  YES NO.
NOISION			21d INJURY OCCURRED  WHILE AT WORK  AT WORK  22e. I certify that I took charge of the re death resulted from:  Natural cause  ACTUAL SIGNATURE  EXAMPLE: NAME TO SEPRINTI	STREET, FACTORY, FARM, ETC.)	M.D. ADDRESS	Undetermined manner	COUNTY STATE  y opinion  TO SHIP 1985
07/84 25M	BP	- 11	GRIAL CREMATION REMOVAL 336 DATE OFFICE PARTY PROPERTY PROPERTY PARTY PA	THE RESERVE OF THE PARTY OF THE	23a DATE REC	236 LOCATION  D. BY REGISTRAR 236 REGISTRAR  3 1986 Julia Davida	COUNTY STATE

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6-1	8675	1	FOR - STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE 6 0 2	6351
γ.	oge 3		ECEASED NAME FIRST JOEL	MIODIE	ER	20. DATE OF DEATH MONTH	3 86 4:15 A.
	ge 4 may ector, par	3. SI	Male		OF BIRTH 19418	6. AGE (IN YEARS LAST BIRTHDAY) 67 YRS.	IF UNDER LYFAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	neral dire	70. E	BIRTHPLACE (STATE OR FOREIGN COUNTRY POLand	76 CITIZEN OF WHAT COUNTRY? 8. MARRI WIDOW	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNT Montgomery	Y OF DEATH  MD.
-	by the fur iled within	8 10.0	Silver Spring	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HOLY Cross Hospital		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING ! Baker	176. KIND OF BUSINESS OR INDUSTRY Merchant
	filled in sould be f		JAL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION	1134 INSIDE CITY LIMITS?	130. STREET ADDRESS / ZIP COD	errace 0901
MAP	mpletely and 2 sh	2) 14. 1	ATHER'S NAME FIRST SOLOMON	MIDOLE Nudel	15. MOTHER'S MAIDEN NA Martha	WE	Hiler
BALTIMORE, I	e executed n and comp Pages 1 eg	16a.	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECURITY NO. 577-46-1581	17. INFORMANT Esther Hiler	(Same as # 13)	
. 201 W. PRESTON ST.,	been signed by the other damp prior to buring the other damp prior to buriol cremation on injury, or other trainman	CERTIFICATION	PART I. DEATH WAS CAUSE IMMEDIAT  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	All one couse per line for (a), (b), and (c). I D BY:  TE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BL		20a AUTOPSY? 20b. IF Y	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  SCL  VEN IN PART 1(a)  SS, WERE FINDINGS USED IFYING CAUSES OF DEATH?
DIVISION OF VITAL RECORDS.	G PHYSICIAN: The lottending physicion. er this certificate has sithe burial-transit per ond Mental Hygiene wed or frem AB shows	MEDICAL CERTIFI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH DAY YEAR	R		ES NO
AIG	TO HOSPITAL OR ATTENDING PHY retoined by the hospital or othernal TO FUNERAL DIRECTOR. After this should be detached for use as the buwith the State Dept. of Health and MMPORTANT: If Hem 21 is marked or		sow the deceosed alive on obove, (I) (wo) (did) (did and obove, (I) (wo) (did) (did and obove, (I)) (did) (d	ital) attended the deceased from Sept.  19 86  PRINTINI  INCOUN MD		10 CH	ur and from the causes stated  171. DATE SIGNED  9/13/86  20107  Md 20107
	BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 9/14/1986 King Do	CEMETERY OR CREMATORY avid Mem. Gard		
	DHMH - 16 60M 7/B (VRA 15, 4)	4 23	MALAUDINECTOSTEIN H 2 CARROLL STREE	EBREW MEMORIAL FUNER. T, N. W., WASHENGTON	D. C. SEP	1 7 1986 Julia 1	TRAR'S SIGNATURE

CERTIFICATE #86-26352



								FMARYLA		- 29		0 1		1
13			FOR			DEPARTME	NT OF HEAD	TH AND M	AENTAL HY	GIENES (		2 6	0 0	Ü
/			STATE REGISTRAR		MEI	DICAL EX	AMINER'S	CERTIFI	CATE OF	DEATH	REG. NO			19
0.0 -	18083		CEASED NAME	FIRST		MIDDLE		LAST		Zo. DATE	KNOWN X		Y YEAR	2b. HOUR
0 0		(TYP	E OR PRINT)	N				Haran		l OF	ESTI-		06	
	ASE OR. URS	-		Maurir		laire	07.	Hoag	1			8/19	1986	M
	SESE	3. SEX		4. RACE	5. DATE OF BIRTH	YEAR L	GE (IN YEARS IF	ONTHS DAYS	HOURS	4 HRS. 2c. DA1	TE JNCED	MONTH DA	T TEAR	2d HOUR 8:30
	SZ SURY.		emale	White	Aug. 12,	1908	78 YRS.			DEA	D	8/19	1986	8:30
	SSAL	70 BI	RTHPLACE (ST	ATE OR	76. CITIZEN OF WE	76. CITIZEN OF WHAT COUNTRY?  8. MARRIED X NEVER MARRIED   9. BALTIMORE CITY OR COUNTRY.						R COUNTY OF	DEATH	
	SEC SEC		Iowa		U.S.A. WIDOWED DIVORCED Montgomery						v Count	V	MD.	
	F IS NECESSARY, PLEASE HE FUNERAL DIRECTOR. CLE & FOR YOUR FILES. OF WHITHIN 72 HOURS OF REESTON STREET,	W CI	TY OR TOWN	OF DEATH	11. NAME OF HOS	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12d USUAL OCCUPATION (TYPE OF						OF WORK 12b K	CIND OF BU	SINESS
	PEREN Y		Silvon	Spring	(IF NOT IN SUCH FA		Hospita	a 1		Beauty	Chan Or		Dri 172	
	HS THE	d5014			OR OTHER INSTITUTION, GI			۱ .		beauty	arrob of	Elaqui	FIIVa	
21201	295984L	110. S	TATE	113b. COUN	TY	13c. CITY OR		13d INSIDE	CITY LIMITS? 1	3e STREET ADD	RESS	11	18	3
.2	配名間建造	Ma	aryland	Mont	tgomery	Rocky	rille	YES X	NO 🗌	15520	Georgia	a Ave.		
WD.	10000	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTH	HER'S MAIDEN	NAME	MIDDLE		LAST	
Ä	30 25	0	layton	E.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Conger			lona	Γ	ale	Ar	nold	
Q	00370	16a. V	VAS DECEASED	EVER IN U.S. AR	MED FORCES?	16b. SOCIAL	SECURITY NO.	17 INFOR				Silvor	Sprin	M D
BALTIMORE,	E8588	{Y	N/A	WN) (IF YES, GIVE	WAR OR DATES)	21.7-	74- 143	RI Mr.	Merald	sband) E. Hoad	, 15520	Silver Georgi	a Ave	3 1 1 1 1 D .
								711111	ratata	E. Hoac	3		APPROXIMATE	
PRESTON ST.	DO ON S		PARTIDE		ly ane cause per line DBY:							88	TWEEN ONSET	AND DEATH
Z	VAL SER SAL	-		IMMEDIA	TE CAUSE (a) ME			Hollid						
EST	A F A P A P A P A P A P A P A P A P A P		C livi	4 114		AS A CONSEC								
	A A A A A A A A A A A A A A A A A A A			is, if any, which to immediate	(b) Ca	rcinoma	a of the	e gall	bladde	r.				
201 W.	OR TANK		couse (o) lying cau	stoting the under-	DUE TO, OR	AS A CONSEC	UENCE OF							
			tying cou	se lust.	(c)									
RECORDS.	ANAMA		PART 2 OTHER SH	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	RUT NOT RELATED T	O THE TERMINAL DI	SEASE OR CONDITI	ON GIVEN IN PART	1 10				
Ö	BE EXEMPLING VDING VS A BL VLTH AR REMAI	Z		None										
a a	TO TA A ME	CERTIFICATION	190. DATE OF		19b. CONDI	ION FOR WHI	CH OPERATION	WAS PERFO	RMED?			120	AUTOPSY?	
DIVISION OF VITAL	SEAL SEAL	E S	Mon	0									VES 🖂	NO IV
>	\$ 0 B 5 5	E	Non-	L CAUSE WAS	21b. TIME OF	INTIDV	21.	HOW INDIE	V OCCUPPED	(ENTER NATURE OF	IN IT IN THE A TO D	APT I OR BART ()	YES 🗌	NO [X]
Ö	TAN THE PROPERTY	0	UNDERLYING			MONTH DA			OCCURRED	(ENIER NATURE OF	INJURT IN HEM IBP	PART I OR PART 2)		
o o	A HOUSE	\S	CONTRIBUTION	VG CAUSE OF			19	None						
<u> </u>	PES SED	MEDICAL	21d. INJURY C	CCURRED		OF INJURY (A	T HOME, 211	LOCATION		CITY OR 1	OWN	COUNTY		STATE
۵	E. WRITING THE WORD "PER RWARDED TO THE CHIEF M F. PAGE 3 SHOULD BE USED A STATE DEPARTMENT OF HEA 9, 21201 PRIOR TO BURIAL, C	2	AT WORK	NOT WHILE C		, , , , , , , , , , , , , , , , , , , ,								
					- (4)	-1-1-1					y X, and			
	L EXAMINER: 1 E CERTIFICATE, DULD BE FORV L DIRECTOR: P H, WITH THE SI , MARYLAND, 3			,	ge of the remains des		1	itapsy [_],	Inspection			d in my opinion		
	WE WE ELECTION		death result	ed fram: Natu	rol couses X,	Accident	, Suicide	L, Ham	nicide	Undetermined i	monner,			
	A VENERAL		ACTUAL	6/	AD (	1	112.	_ `	(SPECIFY)			DATE	0 /01 /	0.0
	¥#£¥¥ww	1	SIGNATURE	18	too. C	17	· ·	_M.DDE	puty	MEDICAL EXA	MINER	DATE SIGNED	8/21/	86
	NA SE	/	EYAMINED'S	MANS 1.1	C D-		,		1919 2	eminary	Road			MD
	A 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		EXAMINER'S (TYPE OR PRI	JOI	nn S. Roge	ers, M.	J.	ADDRESS.	Silver	Spring	, Montg	omery c	ounty	, 1910
	TO MEDICAL EXAM EXECUTE THE CERT PAGE 4 SHOULD TO FUNERAL DIRE AFTER DEATH, WITH BALTMORE, MARY	23o. B	URIAL, CREMA	TION, REMOVAL	3b. DATE	23c. NAM	E OF CEMETER	Y OR CREMAT	TORY	23d. LOCATION		COUNTY	S.T.	ATE
07/84		1	Cremati	ion	8-21-86	Lee	's Crer	natorv		Washing	rton, D			
25M		24. FI	UNERAL DIREC	TOR	e;s Sonts	_		1	250. DATE PE	C.D. BY REGIST	RAR 256. REGH	STRAR'S SIGNA	ATURE	
	DHMH - 17 (VR A15 ME (5))	1 20	NAME J. W.	llliam Le	e;s Some	Compar	JA C C	0000	- DEF	OP THOO	Julia 1	Sandar	2 dese	
	(AN MID WIE (D))	130	10 4th	street; N	I.E. Washi	ngton,	D.C. 2	UUU2.						

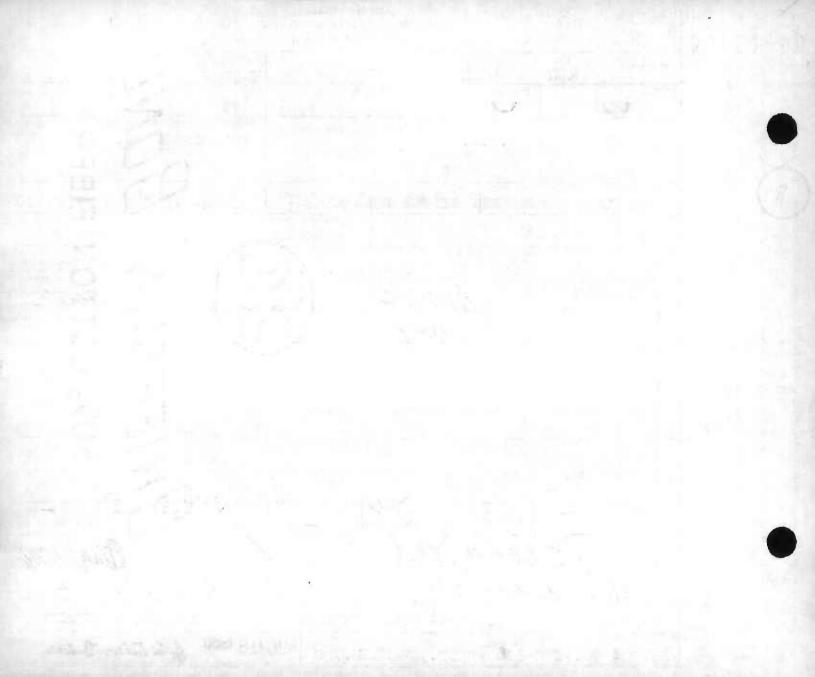
STATE OF MARYLAND

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689 (2) - 12

866	FOR STATE REGISTRAR		STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	2655
	DECEASED NAME FIRST TYPE OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
3.	MARY	LOUISE	HOFFMAN	7-31-86	7:30 p.M
3.	FEMALE	WHITE	S DATE OF BIRTH  MONTH DAY YEAR	02	MONTHS, DAYS HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	FEB. 8, 1903	9 BALTIMOPE CITY OF COUN	
3	MARYLAND	U.S.A.	MARRIED NEVER MARRIED X		CO. MD.
10	ROCKVILLE		ING HOME OR OTHER INSTITUTION ET ADDRESS! UTHERAN HOME	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN BOOKKEEPER	G LIFE) 126 KIND OF BUSINESS OR UNKNOWN
35	SUAL RESIDENCE (IF NURSING HOME O Ba. STATE 136 COU!	R OTHER INSTITUTION, GIVE RESIDENCE BEFO NTY NTGOMERY SILV	ORE ADMISSION) WN SPRYES XX NO [	13e.STREET ADDRESS / ZIP CO	LMERE CT. 20910
E 11	FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N		
30	HENRY	- HOFFMA		A M.	LUDTKE
medic	(YES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)  577-18		ADDRESS CHARD REICHAR	D-NLH-ROCKVILL
event, the	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly one couse per line (1-10), (b) one ED BY: TE CAUSE (0)	ondie		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
jury, or other troumotic		DUE TO, OR AS A CONSEQ	DEATH BUT NOT RELATED TO THE TER	minal disease or condition	GIVEN IN PART 1 0
Sony ir	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CEI	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \rightarrow NO \rightarrow
-	OR CONTROLOUSING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
	(IF EITHER NOTIFY MEDICAL EXAMINE	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
morked	ALMOSE THOUSE T	1 11 11 0 WE 31 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N	1 7111 31	SC
21 is	you, the decemed about or	offered Andreesed from	CHT.	n death occurred on the date and	hour and from the couses stated
IT: If Hem	72h Signature	Cooley M		MEDICAL STAFF DIRECTOR PHYSICIAN	OLUGE (136
with the Stote C	22d. PHYSICIAN SNAME TO A	Woolly my	224 ADDRESS 790 OCA	4 GEORGIA AL	n 2083 2
s ≤ 2	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	AUG. 4,1986	NAME OF CEMETERY OF CREMATORY CEDAR HILL CEME	TERY, SUITLAN	D, CMARYLAND
50M 7/84	HYSONG CO., IN	C-1300 N ST.,	NW WASH., DC AU	ATE RECE 1980 STRAR 25 REC	SISTRAR'S SIGNATURE



00-19434	1.	FOR STATE REGISTRAR	DEPAR	RTMENT OF	E OF MARYLAND IEALTH AND MENTAL HYG FICATE OF DEATH		6 6 5 5
/^	I. DE	CEASED NAME FIRST	WIDDE		LAST	REG. NO.  2a. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
17 0 54	(TYPE	OR PRINT)	1/1/	11		a	28. HOOK
boge 3	3. SE:	EVEL	4 RACE		OLCOMB DE BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	8 86 2100 M
ge 4 n		Female	White		20, 1922 YEAR	64 YRS.	MONTHS DAYS HOURS MIN.
P. P		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	Y? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
de de de	1	/irginia	U.S.A.	WIDOW	DIVORCED	MONTGOM	ERV MD.
	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR!	SING HOME	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126 KIND OF BUSINESS OR
10 %	-	ockville	SHADY GROVE AD	VENT	ST HOSPITAL	Housewife	Home
MARYLAND 2120 ed within 24 hours applerely Illed in ond-2 should be in	13a. S	AT DESIDENICE HE MUDERIC MONE OF	r other institution, give residence ber INTY   136. CITY OR TO Igomery   Rockvi	ORE ADMISSIONS	13d. INSIDE CITY LIMITS?	310 Seth Place	20850
within within oletely of 2-2 sh	14. F.A	THER'S NAME			15. MOTHER'S MAIDEN NA		20000
marker, marking and selection of the second		Carl	D. Dickens	on	Sally	MIDDLE	ullins
- 1	16a V	VAS DECEASED EVER IN ILS A	RMED FORCES? 168. SOCIAL SE			l. Rockviie, Md.	
BALTIMORE, one be executed to spers. Pages 1 you.	(	NO (IF YES, GI	1VE WAR OR DATES) 220-20-	1281	Nebraska Holc	omb (husband)	20000
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALL NG PHYSICIAN: The low requires that the death certificate otherding physician.  frer this certificate has been signed by the otherding physicia os the burial-transit permit. Then please remove carban paper th and Menial Hygiene prior to burial, cremation, or removal, orked or them.] 8 shows any injury, or other traumatic event, the contraction of them.]	L CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECTION OF THE CONSECTION OF	QUENCE OF  QUENCE OF  QUENCE OF	NOT RELATED TO THE TERM  A STATEMENT OF THE TERM  N WAS PERFORMED	INCERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
DIVISION C DING PHYSIC or attending After this cer te as the burio alth and Ment marked or ter	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE AT WORK  AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTENDI OR ATTENDI ORECTOR: A sched for use Dept. of Heal		sow the deceased alive an	oitol) attended the deceased from 19 of) view the body after death.	, 0	DEGREE	death accurred on the date and hou staff	19, that (I) (we) lost r and from the couses stated  22c DATE SIGNED
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN - JULES (TYPE OR PRINT) HOLLANDER DEATH MATED In de 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY RONOUNCED 03 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED U. S. A. Washington. D. C. DIVORCED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Dry Cleaning Owner IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION e STATE 136. COUNTY 13c CITY OR TOWN T3d INSIDE CITY LIMITS? 13e STREET ADDRESS Florida Boca Raton 3025 Huthe B NO 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Morris Belle MIDDLE Hollander (Unascertainable) 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO 17 INFORMANT Saddlebrook Court, (YES, NO, OR UNKNOWN) 579-40-3487-A Susan L. Kopper Maruland 20707 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NOLL 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Inquiry and in my apinian Natural causes death resulted fram: Suicide Hamicide Undetermined manner TITLE (SPECIFY) SIGNATURE MEDICAL EXAMINER XAMINER'S NAME John S. Rogers, M. D 1919 Seminary Road, Silver Spring, 23g BURÍAL, CREMATION, REMOVAL 23b. DATE 8/26/1986 Mount Lebanon Hyattsville, P. G. DONALD METOSTEIN HEBREW MEMORIAL FUNERAL HOME **DHMH** - 17 CARROLL STREET, N. W., WASHINGTON, D. C. (VR A15 ME (5))

STATE OF MARYLAND

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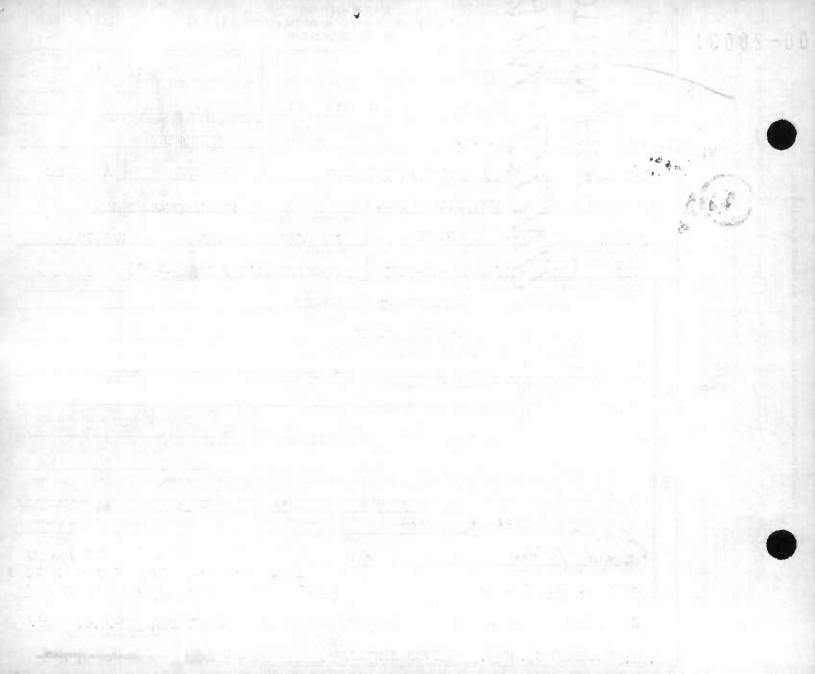
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		DECEASED NAME FIRST  TYPE OR PRINT)	MIDDLE	LAST	24 DATE OF DEATH	MONTH DAY YEAR 76 HOUR
oge deot	L	Marg	aret E.	Hopson	9/15/1986	4:10P
4 mo	3.	Female	Black	5. Date of Birth May 15 19 14	6 AGE (IN YEARS LAST BIRTI	HDAY)  IF UNDER 1 YEAR  IF UNDER 24 HRS  MONTHS DAYS HOURS MIN.  YRS.
	£ 70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	** MARRIED   NEVER MARRIED	9 BALTIMORE CITY OF	gomery "
6		CITY OR TOWN OF DEATH Silver Spring	11. NAME OF HOSPITAL, NURSI  (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION TADDRESS)	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSE	
The same	<b>4</b>	SUAL RESIDENCE (IF NURSING HOME B. STATE MD . 136 CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	READMISSION) NN 13d INSIDECTIV LIMITS? TSCTINGS (XX NO []	13e STREET ADDRESS /	inale St. 2090
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ond co	16	WAS DECEASED EVER IN U.S.,  YES, NO OR UNKNOWN) (IF YES,	CHIEF THE OR DESIGN		tte Ingrah	am same as 13e
History by the physical apopers, went, the		PART I. DEATH WAS CAU	anly ane cause per line far (a), (b), a ISED BY: Respin	nd(c) ratory failure		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Minutes
quires that the dead signed by the atten- her please remove o to buriol, cremation, jury, or other traum			DUE TO, OR AS A CONSEQUE Carcin	y metastatic carcin	reast	6 months 7 years
te law son.  bas be permit permit and price price.		190. DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \subseteq \text{NO} \subseteq \text{NO} \subseteq \text{NO} \subseteq \text{NO} \subseteq \text{NO} \( \subseteq \text{NO} \sightarrow \text{NO} \sin \text{NO} \sightarrow \text{NO} \sightarrow \text{NO} \sightarr
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TO HOSPITAL OR ATTENDIN retained by the hospital or TO FUNERAL DIRECTOR: Al should be detached for use a with the State Dept. of Health IMPORTANT; if hem 21 is ma	,	27a I certify that (I) (MiXIV)	nat) view the body after death.	DEGREE	to Septem death occurred on the do	te and hour and from the causes stated  22c. DATE SIGNED  FIAN
POR H		Richard P.	Delaney, M.D.	4323 Havard	Street, Sil	ver Spring, Md. 209
BP	23	6. BURIAL, CREMATION, REMOV. (SPECIFY)  Burial Remo	100	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN PITTS	ourgh, Pa. STATE
DHMH - 16 50M 4/83	24	FUNERAL DIRECTOR		39 R.I. Ave.N.W.	TE REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE

20031		FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND RIMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE Ö Ö REG. NO.	2000
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You gar	2	SEX.	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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Page direct	1	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8. MARRIEDX NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
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d f	20	9' CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION	12b. KIND OF BUSINESS O
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(4)	1	LOAL RESIDENCE (IF NURSING HO)	WE OR OTHER INSTITUTION GIVE RESIDENCE BEF OUNTY 136. CITY OR TO ONTGOMERY SILVE		13e.STREET ADDRESS / ZIP CO	
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and and	/		5, GIVE WAR OR DATES) /44-07/46 043-12	-7269 JOHN NMN	HUEY / SAME AS #	13
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on he he	_ 1	22b. SIGNATURE	7	DEGREE ATTENDING	_ MEDICAL _ STAFF	M. DATE SIGNED
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> ~ D 0 7		22d. PHYSICIAN'S NAME (			L HOSPITAL, NAVA	
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				CHAMBERS CREMATOF	CITY OR TOWN	P.G.C. Md.



DHMH - 16 60M 7/84 (VRA 15, 4)

George R. Snowden

24 FUNERAL DIRECTOR

246 N. Washington Prockville, MD 20850

256 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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DIRECTO DUR FIL NY STRE	3. SEX	. —	LHITE	5. DATE OF BIRTH MONTH DAY Mar. 26,	1931 6. AGE (IN LAST BIRTH		DER 1 YR. IF UNDER 24	HRS. 2c. DATE PRONOUNCED DEAD	9 13	Se 11 30	
WITH STATE OF THE	7a. 81	RTHPLACE (STATE OF REIGN COUNTRY) Pa.	R	76. CITIZEN OF WE	S. A.	8. MARRIE WIDOW	NEVER MARRIED		OR COUNTY OF DE		
S	Œ	ty or town of d	3	Shady Gr	PITAL, NURSING HO/ CILITY, GIVE STREET ADDRESS DVE Adventi	st Hos	pital	Electrica LIFE) Engineer	YPE OF WORK JOHNS Unive	Hopkins ersity	
5	USU A		NURSING HOME OR OTHER INSTITUTION, GIVE 13b. COUNTY Montgomery		131. CITY OR TOWN Gaithers		13d. INSIDE (ITY LIMITS? 13e STREET ADDRESS YXXX NO 口 226 Summit Hall ]		ll Road 2	Road 20877	
3	I	THER'S NAME		MIDDLE	Irzinski		15. MOTHER'S MAIDEN Sophia	WIDDLE	Sinits		
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AFTER DEATH, WITH TI BALTIMORE, MARYLAI	Ï	EXAMINER'S NAM (TYPE OR PRINT) URIAL, CREMATION SECIEVI)	I, REMOVAL 2	9/17/86	Parklaw al Home, I	n Mem	R CREMATORY	Roc kville, I	Maryland	STATE	

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CERTIFICATE #86-26364



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2 9 €		DORIS	A.	JAMES	SEPTEMBER 2	
4 6d	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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/ VC	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
5 ( 1 A F)	1	OLNEY	MONTGOMERY	GENERAL HOSPITAL	Housewife.	Housewife
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Pog e ex		YES, NO OR UNKNOWN) (IF YES, GIV	AI/A	Charlotte A.	Davis 9103 Loui	s Ave.
MALT Steel		II CAUSE OF DEATH (Enter on	ily ane cause per line for (a), (b), a D BY:	nd (c).)	3 COVER SP	BETWEEN ONSET AND DEATH
The physical property of the physical p		TANASEDIAT	TE CAUSE (a)			
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010 9 9 9		noy.	Nonge.	ATTENDING PHYSICIAN	MEDICAL STAFF  DIRECTOR PHYSICIAN	1 9/2/86
HOSPITA HOSPIT	1	226 PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e. ADDRESS	- / /	116. 7-11
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5 8 5 8 1 ₹\	23a.	BURIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
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DHMH - 16 60M 7/84	24 F	UNERALDIRECTORIS J. (	Collins, In. 4doxes	25a. DA	TE REC'D BY REGISTRARIZS REG	ISTRAR'S SIGNATURE
(VRA 15, 4)	5	00 University B	lud. West. Silv	er Spring, Md.	19E1 0 1900 0	
				2090		

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2a DATE OF DEATH MONTH 26 HOUR 1. DECEASED NAME (TYPE OR PRINT) Ames IF UNCER I YEAR 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) 3 SEX MONTH YEAR Black Nov. 18 1944 BIRTHPLACE (STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Washington, DC WIDOWED DIVORCED & 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING WA INDUSTRY Construction Veteran Adm. Sil. Spr. MD Holy Cross Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE | 136. COUNTY | 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 3616 B Street. D.C. Washington YES X NO FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Milton Ε. Johnson Anne Montgomerv 17 MBarbara Ann Johnson (Sister) 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 577-58-2458 1515 Benning Road, N.E. #22 Wash.DC No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (a), stoting the PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196. CONDITION FOR WHICH OPERATION IN MERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NOL NO [ 216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE 22a.1 certify that (I) (this haspital) attended the deceased from saw the deceased alive an and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did/not) view the body after death DEGREE 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN S NAME (TYPE OF PRINT) 22e ADDRESS 中午 ÷ 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Maryland Sept 13'86 Harmony Mem. Park Landover, Buria1 24 FUNERAL DIRECTOR Wash. D.C. DHMH - 16 60M /84 (VRA 15, 4) N. Horton Co. 600 Kennedy St., N.W.

8717	1 -	FOR STATE REGISTRAR		DEPARTA	MENT OF H	EALTH AND MENTAL HY CATE OF DEATH	GIENE	B B	2 8	) <sup>(2)</sup>	O 0
pe 3	(TYPE	CEASED NAME FIRST HAROL		Oonale		ones	20 DATE O	9	17 8		00AM
0 000	3 SE)	Male	White		Sept	. 20, 1926	59 YRS MONTHS DAYS HO				ER 24 HRS
1283	7a. 81	RTHPLACE (STATE OR FOREIGN OUNTR Virginia	76 CITIZEN OF WE	HAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMO	MONTY		TH	MD.
120	10. CI	Bethes da		SPITAL, NURSIN ACILITY, CIVE STREET		HOSpita/	Troub	le Shoote	POV	Florida ver & I	less or Light C
30	13a. S	AL RESIDENCE (IF NURSING HOME C TATE 1136 COL [aryland Mon		Rockvil	N	13d INSIDE CITY LIMITS? YESX NO	805	ADDRESS / ZIP CO		350	
151	14 FA	THER'S NAME Henry	Bolden	Jones		Bettie	IAME	WIDDLE	Hamn		
- Foger			IVE WAR OR DATES)	<b>212–24</b>	Time of	Roberta V.	Jones (	wife) sam	e as 1	Зе	
ment the	10	II. CAUSE OF DEATH : Error of PART I. DEATH WAS CAUS	inly one course per line ED BY LTE CAUSE (o)	e for ion (b), one	direct.	anost		The Ame	100	10 m	
or been signed by the emit. Their please refr e price to burioù, centra n any injury, er other t	CERTIFICATION	gave rise to immediate cause is stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO.  196 DATE OF OPERATION	conditions from	0.0	DEATH BUT		29e AUTO	nemo	YES WERE	INDINGS US	ATH?
in 18 short	700	23s. ACCIDENT WAS UNDERLYING.	HOUR A.M.		Y YEAR	214. HOW INJURY OCCU	IRRED (HOUS-	NO[]	VES []	NO NEN	N .
and Men ked or he	MEDICAL	THE PRINCE NOTES MEDICAL EXAMINED THE PRINCE OF THE PRINCE	21s. PLACE OF	INJURY FACTORY, OFFICE, F	ANN. ETC.)	THE LOCATION		ETH DETONA	COUR	d'a	STATE
the structure of the st		22s I certify that (I) this host tow the decented of the decented of the object of the state of	Thought	ter death.	sides	ATTENDING PHYSICIAD  22e. ADDRESS	MEDICAL	STAFF PHYSICIAN			1
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16 60M 7/84 A 15, 4)	24. FL	Burial  NERAL DIRECTOR  NAME Tyson V  331 Rockville F	Wheeler Fi	meral H	ome	Inc. 25a. D/	ATEREC'D BY	Daytons REGISTRAR 256, REC	SISTRAR'S SI	GNATURE	

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00-1	7597	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	(GIENE 8 0	2 6	3 6 Y		
	001			IRST	MIDDLE	· L	AST	20 DATE OF DEATH		AR 26 HOUR		
ā	11	1	R PRINT)	KEITH C	SEORGE JON	ES		SEPTEMBE	R 5 1986	4:50 A		
low.	1 K	1.5E		4. RACE	-	5. DATE C		6. AGE (IN YEARS LAST				
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101	DB	10. CI	TY OR TOWN OF DEATH		F HOSPITAL, NURSING SUCH FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPA		ND OF BUSINESS OR		
all's	16/1		BETHESDA		NAVAL H	OSPITA	AL .	U.S.A.F.		FENSE		
2 2	9 %	13a. S	AL RESIDENCE (IF NURSING I	COUNTY	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRES	S / ZIP CODE	14990		
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1	TO MOS	2	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN N	MIDDLE		LAST		
( )	1	14 - 1	KENNET]	H GEORGE J		IDITYNIC		NA MAE GREE	NE			
a l	10. P		ES, NO OR UNKNOWN) (IF	FYES, GIVE WAR OR DATES)			17. INFORMANT	AUL	KESS			
		-		1970-1986	111-46-				MMELL DRIVE			
ă	Page 1		18 CAUSE OF DEATH (E PART I. DEATH WAS	nter only one couse p CAUSED BY:	er line for (a), (b), on	id (ci.)	MILLS, N	08015	BETV	PPROXIMATE INTERVAL WEEN ONSET AND DEATH		
S E	000		IMA	MEDIATE CAUSE (a)_	LE	UKEMIA	1					
101	0000		Condition II t		OR AS A CONSEQU	ENCE OF						
W 6	mahi r tra		Conditions, if any, what gave rise to immedi	iote								
× 5	Comp		couse (a), stating underlying cause li		OR AS A CONSEQU	ENCE OF						
DIVISION OF VITAL RECORDS, 201  DIVISION OF PRESIDENT The flow requires the cartending physician.	place y, or		PART 2 OTHER SIGNIFIC	CANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVEN IN PAI	RI liai		
Man Man	The The	NO.	1.5									
		CERTIFICATION	190 DATE OF OPERATION	1 19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI			
¥ 25	2 4 4	E						YES NOK		NO [		
3 2	18 V		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS		OF INJURY A.M. MONTH D	AY YFAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 OR PAR	eT 2)		
0 P		CAL	(IF EITHER NOTIFY MEDICAL E	L OI DEAILI	P.M.	19						
OS HE	10 0	MEDICAL	21d. INJURY OCCURRED	LAT MOME	E OF INJURY	ARM ETC )	211. LOCATION STREET	CITY OR	TOWN COUNT	TY STATE		
5 5 E	100	-	NOT WHILE									
200	The last	9	220.1 certify that (1) (this	s hospital) attended	the deceased from_	AUGUS	ST 3 1986	to SEPTEM	BER 5 19 86			
- 11	4 2 4 4 5		abave, (1) (we) (did)	(did not) view the bac	y ofter death		d that in (my) (our) apinia	n death accurred an the				
8 3	P Deb		22b. SIGNATURE	0 1	11		DEGREE	MEDICAL ST	AFF 22c. D	DATE SIGNED		
14.6	7 8 8 5			went	1. 10	Xam	PHYSICIAN	DIRECTOR PHY		15/86		
500	7 7 4 4		22d. PHYSICIAN'S NAME				22e ADDRESS NAVA	AL HOSPITAL				
0 0	21 4			LAN, LT, M					LAND 20814-	5011		
ann	00	23a B	urial, cremation, rem specify) urial				EMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE		
44 800	17	No.		09/15	/86 N.	J. Ve	et. Mem. Cem.	Arnesyto	own New C	Jersey		
DHMH -	16:60M 7/84	24 FL	INERAL DIRECTOR LE	e Funeral	Home, Inc	C		FP 10 100	AR 25b. REGISTRAR'S SIG	NATURE		
(VR	A 15, 4) 663	B O	ld Alexander	rerry Rd	Clinton.	Md = 2	0735	TH TO 1000	5			

(VRA 15, 4)

A. C. Med F. F. Cold. C. A. Particular y Nontecomes County SERVE ALL THE COMMENTS TRANSPORTED TO A SERVER TO A SE 

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FOR

(VRA 15, 4)

	1	FOR	DEB		E OF MARYLAND EALTH AND MENTAL HYO	HENE 8 0	26	3 / 2
-10217	1.	STATE REGISTRAR	DEF		ICATE OF DEATH	REG. NO.		V
710811		CEASED NAME FIRST	MIDDLE	1,	AST	20 DATE OF DEATH MO	ONTH DAY YEAR	26 HOUR
A Sold M	1.86	Joseph	RACE .	5. DATE C	eck	6. AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER I YEAR	JAM IF UNDER 24 HRS
S # 4 P	100	male	Coucasian	MONTH	- 7 - 1919	67	MONTHS DAYS	HOURS MIN.
A 100 X			CITIZEN OF WHAT COUN	ITRY? 8.	NEVER MARRIED	9 BALTIMORE CITY OR		
1 3 62 1	10.0	ITY OR TOWN OF DEATH	USA. NAME OF HOSPITAL, NI	WIDOWE	D DIVORCED	Montgo.	mely Go	OF BUSINESS OR
To the state of th	15	IVER SPRING	(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS	2.41	RET - POLICE	VORKING LIFE) INDUSTRY	
1 Page 1	0sU 13a.	AL RESIDENCE E OR OT	HER INSTITUTION, GIVE RESIDENCE Y 130. CITY OR	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z	ZIP CODE 94	1444
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MARY DE STORY	1		DDLE LAS		CHRISTIN	WIDDLE	WARI	
deco de co		WAS DECEASED EVER IN U.S. ARMI	VAR OR DATES!	SECURITY NO.	17. INFORMANT	ADDRESS	SILVI	ER SPRING
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ficote physic pope mevol		PART I DEATH WAS CAUSED	67	nuln	in aic	non	BETWEEN.	OHDET AND DEATH
ON ST ding scriber of c en		MMEDIATE	DUE TO, OR AS A CONS	EQUENCE OF	4-6		1 6	
dest dest		Conditions, if any, which gave rise to immediate	( ib)	1904-194-1950-194				
W. We the common of the common		cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	EQUENCE OF				
fres the greed mirples busined fry. or		PART 2. OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING	O TO DEATH BUT	HOT RELATED TO THE TERM	AINAL DISEASE OR CONDI	TION GIVEN IN PART II	0
080 p	TION	IN DATE OF OPERATION	TIS CONDITION FOR W	MCH OPPRATE	White Belleville	10s AUTOPSY7	70h IF YES, WERE FINDS	NGS USES
DIVISION OF VITAL RECORDS.  NG PHYSICIAN. The low requirement there has certificate has been divided permit. Then and Medical Hygiene prior has carled and selected Hygiene prior has carled an all Money cary report	CERTIFICATION	THE DATE OF OPERATION	Time CONDITION FOR W	HICH DIERMING	WASTERFORMED.		PCERTIFYING CAUSES YES	
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N OF SECTO PROPERTY OF SECTO P	MEDICAL	(# ETHER, NOTEY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M.	19	ZH LOCATION			
VISIO THE OF THE	ME	WHILE OF MOT WHALE O	EAT HOWE, STREET, FACTORY, O	FFICE, FARM, ETC.)	216663	CITY OF TOWN	COUNTY	Mall
NDIN APP OF STREET		27x.1 certify that (I) (this hospita	ligatended the desected !		fley 10. 1	_ 10_ /J 1/8	19 11	that (Ciwe) last
ATTE Olipito EETO difor	1	sow the deceased alive on abovy in (whi did (did apt) 274 SIGNATURE	view the body attal r death.	31761	nd that in infy) (our) opinion DEGREE	death occurred on the date	and hour and from the	September 11 Caratrapa
AL DIR PER PER PER PER PER PER PER PER PER PE		In signature			ATTENDING PHYSICIAN	MEDICAL STAFF	_ 777	site.
FUNERAL He Store		27 I. PHYSICIAN'S NAME LYPE OR F	RINT	1 40	22e ADDRESS	IN CIN	1/2-7	1
TO FUN Thought	73-	BURIAL, CREMATION, REMOVAL	23b. DATE	231 NAME OF C	EMETERY OR CREMATORY	123d LOCATION	7 690	77_
999 BP 99	236.	SPECIFY) BURIAL	9-19-1986		OHN'S CEMETER	CITY OR TOWN	QUEENS COUNTY	O. N.Y.
DHMH - 16 80M 7/84		UNERAL DIRECTOR			25a DA		b. REGISTRAR'S SIGNA	TURE
(VRA 15, 4)	W.	W. CHAMBERS CO.	RIV	ERDALE,	Md.20737 SE	P 1 7 1986	- indraw-	laner.

Total Cartestant of the North Sanayle consultation of BY THE DESIGNATION OF THE PARTY 

W. W. CHARLES CO. M. STARRENTS, W. CO. ST. SER. 1 P. 1998

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1/20		ITY OR TOWN OF DEA	ATH. 1	1. NAME OF	HOSPITAL, NURSII	NG HOME O	R OTHER INSTITUT	ION 12a.	USUAL OCCUPA OF WORK FOR MOS	NOITA			ISINESS OR
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( a A a) / 200	USU	AL RESIDENCE (IF NURS	ING HOME OR O	THER INSTITUTION,	GIVE RESIDENCE BEFOR	E ADA: GON)	MI NICIDE CITULI						144
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1 17 /5//	ν,	lichael	M	IDDLE	Kelly		Sarah		MIDDLE		Dan	ahat t	-,,
1 1 1		WAS DECEASED EVER	IN U.S. ARM	AED FORCES?	166 SOCIAL SECT	JRITY NO	17 INFORMANS	7114	ADI	Rassbur	Dau	Maril	and
and the state of		YES, NO OR UNKNOWN)		WAR OR DATES)	206-01-		Dennis 3	) VL	.101 W.	Manta	rimo til	Aug	20850
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that by tose ol, cr		underlying cause	lost	(c) /4	adiano	on 14	crafterior	Mansy	noral a	We	. 6	0 794	maney
signed hen ple to burin	Z	PART 2. OTHER SIGI	VIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	object	Long	PISE US OF LE	MOITAN	cado	RT 110	
v reen	CERTIFICATION	19a DATE OF OPERA	TIÓN	19h COND	ITION FOR WHICH	OPERATION	WAS PERFORME	D 20	a AUTOPSY?	206. IF	YES, WERE F	INDINGS	USED
n. n. ne perm	띮								S NOW	IN CER	TIFYING CA	USES OF	DEATH?
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ding physicio ding physicio s certificate burial-transit Mental Hygie	0.1	OR CONTRIBUTING		110110 4	M. MONTH D				214124 1441042 01 11	•			
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of the arke		AT WORK AT WO	RK L	1	,	145	1	A	24	Ale 1	9	1	
NDIN No or		220.1 certify that (1)	ed alive on	in attended and	decopped from	ST 6	141/2/19	9.00	0 2/03	TOM	19 0	. 11101	(1) (me) lost
R ATTEN haspital RECTOR: red far us pt. of He		boy, (I) (week	ed alive one		after death.	, on	d that in (my) (aun)	opinion deoth	occurred an	date and h	obi and from	m the cous	es stated
	1	TEN SIGNATURE	MX	1 1/2	1. 1	11	DEGREE		200		- 72c.)	DATESIO	10/
AL D AL D letac		1 thelis	VII	1/1/20	UN/B	1)	ATTEN PHYS	DING ME	DICAL S'	SICIAN	19	130	18
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HO HO Inec	1	Michel	/N.	HEAL	40		15/05251	hieldsd	rive 1	Jothes	dall	11).	20817
5 g 5 g ₹	23a.	BURIAL, CREMATION.	REMOVAL	13b. DATE	230	NAME OF C	METERY OR CREM	AATORY 123	d LOCATION			1	
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DHMH - 16 60M 7/B4		UNERAL DIRECTOR	rancis	J. Col	lins gooretr	•		UCT	0 6 1988	1 yours	- wanteloo	- Han	platte
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297 Philadelphia Ave., Chambersburg, PA 17201

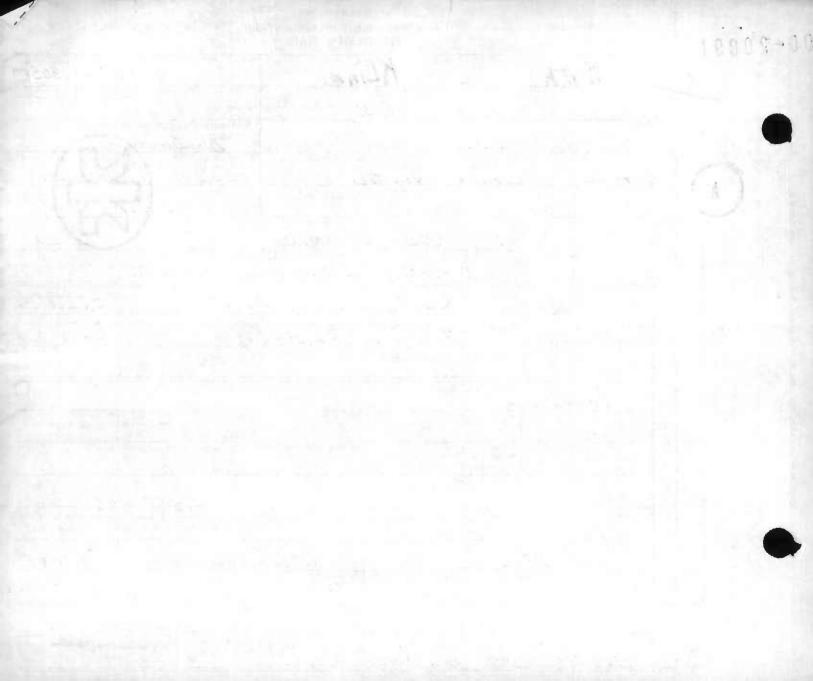
(VRA 15, 4)

4739 Baltimore Avenue, Hyattsville, Maryland

(VRA 15, 4)

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500 University Boulevard West, Silver Spring Md

(VRA 15, 4)

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232 CARROLL STREET, N. W. WASHINGTON, D. C.

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00	0750	11.	REGISTRAR	ME	DICAL EXAMIN	NER'S C	ERTIFICATE C	F DEATH	REG. NO.		
00-1	9/52	1. D		RST	MIDDLE		LAST	20. DATE KNO		DAY YEAR	25 HOUR
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	88888			TRICK	К.		REITZER		TED 4	21 1986	M
	# D = 5 E	2.58		5. DATE OF BIRTH	YEAR LAST BIRTHI	DAY) MONTH		24 HRS. 20 DATE MIN PRONOUNCED			2d HOUR
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-	SIN ES		BIRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	8. MAPPI	ED NEVER MARR	9. BALTIMORE	CITY OR COUN	TY OF DEATH	
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	A TOWN B		ITY OR TOWN OF DEATH	II. NAME OF HO	SPITAL, NURSING HOM			120 USUAL OCCUPATI		125. KIND OF BU	JSINESS
./	E BER	(1	Kensington		ACILITY, GIVE STREET ADDRESS)		7	Attendant	LIFE)	OR INDUST	
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/ 5	202300 002305	13a	STATE	OUNTY	13c. CITY OR TOWN	NON)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
/ 130	SSECTION	7 M	aryland Pr	. George's	Bowie		YES NO	4405 Olan	do Lane	20715	
9	(ENGRA	/14.1	ATHER'S NAME	MIDDLE	100		15. MOTHER'S MAID	EN NAME MIDDLE		LAST	
	STOR SALV	/	William	G.	Kreitze	r	Dolores			Lipphar	rd
NACTIMORE	008/0	16a.	WAS DECEASED EVER IN U.	S. ARMED FORCES?	16b. SOCIAL SECURI	TY NO.	17. INFORMANT		DORESSE OT	ando Lar	
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t	N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		18. CAUSE OF DEATH (En	ter only one couse per line AUSED BY:	e far (a), (b), and (c).)					BETWEEN ONSE	T AND DEATH
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DIVISION OF VITAL BECORDS	XXXXXXX	z	TAKE 2 DINCK SIGNIFICANT CONC	STITUTE CONTRIBUTING TO UCATE	DOLUGI KETAIER IR IUE IEK	MINAL UISEASI	OK COMPILION GIVEN IN PA	KI I 101.			
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4	NO WE WE	7	210. EXTERNAL CAUSE W			21c HC	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY I	NITEM 18 PART I OR P	ART 2)	
N	HE VIEW	0 3	UNDERLYING OR CONTRIBUTING CAUS	E OF DEATH 1 . 15 82	© 9-21- 198		senger of	auto/parked	truck c	olligion	
9	NG TH D TO SHOU	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME,	21f. LO	CATION	auto/parkeu	CLUCK C	OTTIBION	
5	SEA SEA	13	WHILE NOT WHILE	. [ 12 ]	TORY, FARM, ETC.)		TREET	CITY OR TOWN		YTAUC	STATE
	E, WRITER CRAMARD RWARD STATE (	5	AT WORK - AT WORK	1	road			Connecticut	Ave.,M	ontgomer	y, MD
	A F S S S S S S S S S S S S S S S S S S	1	22a. I certify thotal took	charge of the remains de	scribed obove, held an	Autop	sy X, Inspectio	n . Inquiry .	and in my a	pinion	
-	EXAMINER: CERTIFICATE UID BE FOR DIRECTOR: WITH THE SAMEND,	6	death resulted ram:	Natural causes	Accident S	vicide	Homison.	Undetermined manne	r 🔲 .		
	38000		11/1	. 211	1	11	TITLE (SPECIFY)				
	X 000 T		ACTUAL / Cle	eur Th	nesh W	110		MEDICAL EXAMINE	DATE	9-21-8	36
- 170	2 TENER	6	SIGNATURE		1	AZUS-M	DASSISCALIC	MEDICAL EXAMINE	R SIGN	ED	70
	SE AND ON	1	EXAMINER'S NAME DE	nnic F Cm	+H M D		111 T	onn C+ Da	1+0 MT	21201	
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUL TO FUNERAL D AFTER DEATH BALTIMORE, M.						ADDRESS	enn St., Ba	ILO., MI	21201	
	<b>FUSES</b>	230.	BURIAL, CREMATION, REMO	VAL 236. DATE	23c. NAME OF CE	METERY O	R CREMATORY	23d. LOCATION CITY OR TOWN	cor	INTY ST	TATE
07/8	4 BP		Burial /	SEPT 24.1	986 Ft. Lin	coln	Cemetery	Brentwood,	Pr. Geo	rge's, M	D
25M	DHMH - 17	24.	FUNERAL DIRECTOR	1/1/1/2 1600				REC'D. BY REGISTRAR 2	Sh REGISTRAR'S	SIGNATURE AND	
	(VR A15 ME (5))	) I	eall Funeral		e, MD 2071		007	02 1986	har Deviden		
	(-)	1	TOTAL TOTAL	TOTAL DOWN	2 220 20 7	7 307	2				

and a planta of the control Language ... Interdirect Tree W. Jack Courters Describe

The state of the control of the state of the

STATE	OF MAR	YLAND

DEPARTMENT OF HEALTH CERTIFICATE

AND	MENIAL	HYGIENE		
OF.	DEATH		DEC NO	

20 DATE OF DEATH 85

Female	Caucasian	Jan.	29 <sup>DAY</sup>	1901	
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED [	NEVE	RMARRIED	
ıgoslavia	Yugoslavia	WIDOWEDS	ZΧ	DIVORCED	

INDUSTRY Homemaker Own Home | 13e STREET ADDRESS / ZIP CODE | 8606 Hartsdale Avenue/20817

9 BALTIMORE CITY OR COUNTY OF DEATH

MIDDLE

ADDRESS

iaryland	Montgomery	Bethesda	
FATHER'S NAME			Ī
FIRST	MIDDLE	LAST	

15 MOTHER'S MAIDEN NAME Angelina 17 INFORMANT

NOX

Bucheich

160 WAS DECEASED EVER	IN U.S ARMED FORCES?
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)

FOR

DECEASED NAME

Thomas

- STATE

TYPE OR PRINTI

3. SEX

deoth deoth

poge

funeral director.

66 SOCIAL SECURITY NO None

Vujich

Ezio Vermiglio Same as # 13.

PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), and (C)  BY: CAUSE (a)	overt	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	intenfant	chon / wh
PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEL	rminal disease or con	IDITION GIVEN IN PART 110
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I ORPART ?)

	//
a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO
10. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 21

(IF EITHER NOTHY MEDICAL EXAMINER)	P.M.	19
21d INJURY OCCURRED	21e PLACE OF INJURY	
WHILE TO NOT WHILE TO	(AT HOME STREET FACTORY, OFFICE, I	ARM ETC )

211 LOCATION CITY OF TOWN COUNTY

22a.1 certify that (1) (this baspital) attended the deceased from saw the deceased alive on above, (1) (we) (did) (did not) view the body after death

(our) opinion death accurred on the date and hour and from the couses stated

27d. PHYSICIAN'S NAME (TYPE OR PRINT)

ATTENDING PHYSICIAN 22e ADDRESS

MEDICAL STAFF PHYSICIAN

22c. DATE SIGNED

STATE

	LEWIS N. C	PAHILL	and
23a	BURIAL, CREMATION, REMOVAL	23b. DATE Sept.	23c. N/

23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

Removal/ Burial

22b. SIGNATURE

24, 1986

British Cemetery

DEGREE

CITY OR TOWN Calaao

Peru

24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, PA 250. DATE REC'D. BY REGISTRAR' 250 REGISTRAR'S SIGNATURE 7557 Wisconsin Avenue Bethesda, Maryland 20814

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

should be detached for use with the State Dept of Heal

certificate hos

morked or Item

IMPORTANT: If hem 21

MEDICAL

PII /					STATE O	FMARYLAND					
BH 10074	1.	FOR STATE REGISTRAR		DEPARTA		LTH AND MENTAL F ATE OF DEATH	HYGIENE	O O REG. NO	0.	5	0 0
00,13014		CEASED NAME FIRST		MIDDLE	LAST	3.0	20. DA	TE OF DEATH	MONTH DA	Y YEAR	26 HOUR
nay be	(1111)	LUDM	LLA	KIRIN	KUZ	NETSOVA	SE	PTEMBE:	R 11,	1986	8:35 <sup>P</sup> <sub>M</sub>
mo,	3. SE	X 4	I. RACE		5. DATE OF B		6. AGE	(IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
ector s of		FEMALE	WHI	TE	APRII	16, 194	43	43	YRS	INTES DATS	MIN.
2 42 1			L CITIZEN OF	WHAT COUNTRY?	MARRIED [	NEVER MARRIED	9. BAL	TIMORE CITY O	R COUNTY C	FDEATH	
1 171		SSR	U.S.		WIDOWED	DIVORCED	X M	ONTGOM	ERY CO	DUNTY	MD.
To the state of th		ITY OR TOWN OF DEATH  BETHESDA	(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)	TER, NIF	(TYPE C	WRITER		12b. KIND OI INDUSTRY	BUSINESS OR
MARYLAND 2120 ed with 23 P and 2 bould for the	130 5	ALRESIDENCE (IF NURSING STATE		GIVE RESIDENCE BEFORE  13c. CITY OR TOWN  WASHIN	N 1136	I. INSIDE CITY LIMITS		REET ADDRESS		45 W	1024
1 1 1 1	14. FA	THER'S NAME	IDDLE	LAST	15.	MOTHER'S MAIDEN		MIDDLE			
MAM # 12 /10/		<b>FYODOR</b>	IDDLE	KIRIN	F. 3	ANA	IVA	NOUNA		KIRI	NA
BALTIMORE, cote be actual system ond coppers. Property vol.		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE NO	MED FORCES? WAR OR DATES)	501-94		ANNA KIR	RIN (	ADDRE DAUGHT			AS ABOVE
BAL operation		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per	r line for (a), (b), and	d (c)					BETWEEN C	MATE INTERVAL DNSET AND DEATH
ST., ertific			CAUSE (0)	SEPSIS						DA:	YS
W. PRESTON of the death or yy the attendin se remove cart cremation, or		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF  LYMPHOMA  YEARS  DUE TO, OR AS A CONSEQUENCE OF									
201 es th ned to pleo urial,	Z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS C	ONTRIBUTING TO D	DEATH BUT NO	OT RELATED TO THE T	ERMINAL DI	SEASE OR CON	DITION GIVE	V IN PART 110	
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The law requirentending physician.  After this certificate has been signs the burial-transit permit. Then the and Mental Hygiene prior to be narked or them 18 shows any injury	CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATION V	VAS PERFORMED		AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	GS USED OF DEATH?
N OF VITAL SICIAN: The certificate h unal-transit per ternal Hayes		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	n	DF INJURY .M. MONTH DA .M.	AY YEAR	IC HOW INJURY OCC	CURRED (EN		RY IN ITEM 18 PAR	T I OR PART 2)	
IVISION  UG PHYS offendin for this c is the bun h and Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA		1 LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
TTENDIN ATTENDING OF TOR: Af for use of of Health		220.1 certify that (H) (this haspite saw the deceased alive an above, XD-(We) (did) (did) (id)	Sept	11. 19	ctobel 86 and t	c 12 , 19 8 hat in ( <b>X</b> y) (aur) apın		Sept I	ate and haur		hat ( <b>X</b> (we) last causes stated
HOSPITAL OR A printed by the hospital DIREC EVINERAL DIREC wild be detached in the State Dept.		DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN PHYSI									
De		Kevin J.				CLINICAL			THESD.	A, MD	. 20892
COURGO	23a. 8	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE			ETERY OR CREMATO		LOCATION CITY OR TOWN		COUNTY	STATE
9978P4			9-13-	86 Ro	ck Cree	k Cemeter	V DATE DECID	Washin	gton	A DIC CIONIA	DC
DHMH - 16 50M 7/84		OLT OLL ST	all's	Funeral H	ome, Ir	1C. 250.	DATE REC'D	. BY REGISTRAR	ZOD. REGISTRA	AK'S SIGNATI	JKE
(VRA 35, 4)	4.	217 9th Street,	N.W.,	Washing	ton, Do	200	DEF 2	4 1986	1.	-	

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

ч	REGISTRAR	CERTI	IFICATE OF DEATH	REG. NO			
	1. DECEASED NAME FIRST	M. Laeso	h (	20 DATE OF DEATH MONTH	FG 11:15 M		
	Female	White Mon	OF BIRTH  DAY  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN		
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	1 77 (17)	IED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OFDEATH		
	Illinois  O CITY OR TOWN OF DEATH	USA WIDOV	VEDXX DIVORCED  OR OTHER INSTITUTION	Montgomery 126 USUAL OCCUPATION	MD.		
-	)Bethesda	10012 Mayfield Dr	rive	Housewife	Own Home		
1	Maryland Mon	or other institution give residence aerore admission unity and activer town ntgomery Bentesda	134 INSIDE CITY LIMITS?	12. STREET ADDRESS / ZIP.CODE 10012 Mayfiel	d Drive 2081		
1	14 FATHER'S NAME FIRST Henry	Wolstorff Volstorff	Dorothea	Margaretta	Schirrholz		
	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES C	ARMED FORCES? 166 SOCIAL SECURITY NO 392-22-096	17 INFORMANT 57 Barbara La	aesch Same	as #13		
	PART I. DEATH WAS CAUS	only one cause per lage for (a), (b), and (c)		Cardingopathy	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  2 YEACS		
MEDICAL CERTIFICATION		T CONDITIONS CONTRIBUTING TO DEATH BU		200 AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED  SYING CAUSES OF DEATH?  SO NO O		
	OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICALEXAMIN  21d. INJURY OCCURRED  WHILE NOT WHILE  AT WORK  220.1 certify that 11) this has  sow the deceased alive of	P.M. 19 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)  spitol) ottended the deceosed from  on  19	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE		
	Obove, (1) (we) (did) (did) 22b SIGN Che 22d PHYSICIAN'S NAME (TYPH	el Chine	DEGREE ATTENDING PHYSICIAN P	MEDICAL STAFF DIRECTOR PHYSICIAN	1221 DATE SIGNED 9/19/26		
	1110MAEL	~ / V 1 / V 1 . ( \	I - I G - CIN				

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

IMPORTANT; If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

HEBREW FRIENDSHIP

21215

BALTIMORE

250, DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MARYLAND

win way down handall

SEPT. 9, 1986

SOL LEVINSON & BROS., INC.

BALTO., MD

BURIAL

6010 REISTERSTOWN RD.

24. FUNERAL DIRECTOR

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

12A.I

10.00

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WALK.

7.5

5 10152	1.	FOR - STATE REGISTRAR	DEPARTN	ENT OF HEA	OF MARYLAND LITH AND MENT ATE OF DEAT		NE 8 6	0.	26	3 8 7
10432	1. DE	CEASED NAME FIRST	MIDDLE	LAST	NUG	20	DATE OF DEATH	MONTH P	DAY YEAR 6 86	26. HOUR
od other do	3. SE.	FEMALE	4 RACE Caucasian	5 DATE OF	DAY	6.	AGE (IN YEARS LAST BI	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
and the second of the second o	2	RTHPLACE (STATE OR FOREIGN COUNTRY) nnsylvania	7b. CITIZEN OF WHAT COUNTRY? United States	MARRIED WIDOWED	NEVER MARR	IED 🔟	MONTO	COUNT COUNT	Y OF DEATH	OUNTYMO.
10	10.C	SETHESDA	11. NAME OF HOSPITAL, NURSIN	G HOME OR	OSP IT		type of work for most of Homemake	F WORKING L	12b. KIND O INDUSTRY Home	F BUSINESS OR
The Be	130. 13n. S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOWN		Id INSIDE CITY LI YES NO	MITS? 13	STREET ADDRESS	ZIP COD	STKEN	LS,MD20
and	) FA	THER'S NAME FIRST  Charles  Fre	ederick Brede		Marie Marie		WIDDLE		Vo1Î	
Pages		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 517 50				Laug (HûSî ton, Mary		20895	
physicia physicia noopers went, the		PART I. DEATH WAS CAUSI	nly one cause per line far (a), (b), and ED BY: TE CAUSE (a)		in an	sext			BETWEEN	MATE INTERVAL ONSET AND DEATH
eath cer tending er corbo on or re wholic e	P	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF	Nove	-, (	netro of	Dour	( 2 K	ous
by the a gas remain I, cremath other tro		gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCESTU	id a	orteo	Preum		1 hy	un
equiren 1 n signed Then pile to burio njury, or	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO E	ALLCH	OT RELATED TO T	HE TERMINA	AL DISEASE OF CON	DITION GI	VEN IN PART 10	
her been been been been been been been be	CERTIFICATION	90. DATE OF OPERATION	Perforation for which	OPERATION (	WAS PERFORMED	lik	200 AUTOPSY? YES X NO	IN CERTI	S, WERE FINDINIFYING CAUSES	OF DEATH?
CIAN 1 g physici entitions alst hygien 18 sh	A	21g. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE	HOUR A.M. MONTH DA	Y YEAR	ic. HOW INJURY	OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
G Personal Contention of the Born on Alexandra	MEDIC	21d INJURY OCCURRED  NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	1	II. LOCATION STREET		CITY OR I	)WN	COUNTY	STATE
TENDING OF TOR AND OF THE COLUMN OF THE COLU	10	22a   certify that (I) (this hosp	ital) attended the deceased from	7	10 , 19 that in (my) (aur)	S S aprinion dec	ta the accurred an the d	16 ote and ho		that (II (we) lost causes stated
the hosp to DREC eroched is to Dept.	3	22b SIGNATURE	However body after death.	DE			MEDICAL STA		22c. DATE Sept	signed ember 17
O HOSPITAL Promed by the Control of the State with the State		22d. PHYSICIAN'S NAME (TYPE  Daniel Po			2e ADDRESS		on Drive R		lle,Mar	yland
0 8 2 2 5 3 +		BURIAL, CREMATION, REMOVAI (SPECIFY)  Cremation	23b DA September 23c. N	AME OF CEA		ATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE Virginia
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	UNERAL DIRECTOR Robert	A. Pumphrey Eune venue Bethesda, N	eral Ho	mes PA	250. DATE R	EC'D. BY REGISTRAF P 1 9 1986	25b. REGIS	TRAR'S SIGNAT	UREndelle

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1:9859	1	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 3 0	26590
1,0000		DECEASED NAME ( FIRST YPE OR PRINT)	MIDDLE	LAST		MONTH DAY YEAR 26. HOUR
deort	1	Rita		Laurito	September :	
Her o	3. 5	SEX	4 RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4	2	Female	Caucasian	August 21,1935	51	YRS
a 45 %	7 o.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH
		New York	United States	WIDOWED DIVORCED	Montgome	ry County, MD.
( A 1) //		CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREE		120 USUAL OCCUPATION AT TYPE OF WORK FOR MOST OF	ON 126. KIND OF BUSINESS OR WORKING LIFE) INDUSTRY LABOT
		Gaithersburg	6 Bethany Cour		Confidentia Secreta	ry Organization
cote be executed within 24 ho ysicion and completely filled in opers. Pages 1 and 2 shafuld be wal.	130	STATE 13b. COL	or other institution give residence befountly  13c. CITY OR TOY  tgomery  Gaither	NN 13d. INSIDE CITY LIMITS?	6 Bethany	
tely 2 sh	11.	FATHER'S NAME		15. MOTHER'S MAIDEN NA		
nplet will	5	Vincenzo	MIDDLE LAST Daco	Concett	a widdle	Peluso
id cor	160	WAS DECEASED EVER IN U.S. A			ADDRE	SS
be exect on ond c		NO (16 YES, C		088 Mr. Francis	A. Laurito,	Husband, same as #13
rtificate b physicia ampapers. ewovol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (o), (b), o SED BY:	nd (c),1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
and by bong bong bong bong bong bong bong bong	1		ATE CAUSE (o) Me	tastatic Breast Ca	ncer	3 years
oth c corf n, or motic			DUE TO, OR AS A CONSEQU	JENCE OF		
NG PHYSICIAN: The low requires that the death certific ottending physicion.  Ifer this certificate has been signed by the ottending ph as the burial-transit permit. Then please remove corbanp th and Mental Hygiene prior. Then please remove corbanp or the manal Hygiene prior to burial, cremation, or remorted or them 18 show, any injury, or other traumatic even	F	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU	JENCE OF		- 723
equires the n signed b Then pleos to buriol,	7		( (c) CONDITIONS <u>CONTRIBUTING</u> TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	DITION GIVEN IN PART TO
ow requirements in the prior to ony injury		190 DATE OF OPERATION	Lw. coupling to have	H OPERATION WAS PERFORMED	I an autopoya	20b. IF YES, WERE FINDINGS USED
on. he low hos b t perm	CERTIFICATION	TYO DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NOXX	IN CERTIFYING CAUSES OF DEATH?  YES NO NO
HYSICIAN: The riding physicion buriol-tronsit physician buriol-tronsit				PAY YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
HYSICIA nding pl his certif buriol-t d Mental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		19		
G PHY otherd er this er this ond A	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM, ETC ] 211 LOCATION STREET	CITY OR TOV	VN COUNTY STATE
Se or mor mor		220.1 certify that (I) (\$030563	MIX attended the deceased from	July 19.82	, to Septembe	r 19 86 that (1) Xe) lost
ATTEN Spirtol CTOR J for u		sow the deceased alive of obove, (1) (%) (%)	September 10 19	86, and that in (my) 放射 opinion	death occurred on the do	te and hour and from the causes stated
OR A DIREC Oched Dept.		22b. SIGNATURE	111 11-	DEGREE	MEDICAL STAE	22c. DATE SIGNED
ZAL G deto deto		1/4	Janus		MEDICAL STAF	
HOSPITAL ined by the FUNERAL Vold be det on the Store	/	22d. PHYSICIAN STAME THE	CR PRINT)	22e. ADDRESS 5401	Wisconsin A	venue, N.W.
TO HOSPITAL (retoined by the TO FUNERAL I should be detoon with the Store I IMPORTANT: If		Frederick P.	Smith, M.D.	Wash	ington, D.C.	20015
D = 5 + 3 ₹	230	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY
BP		Burial	3, 1986 Ga	te of Heaven Cemet	ery Silver	Spring Maryland
DHMH - 16 60M 7/84	24.		t A. Pumphrey Fy		TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
(VRA 15, 4)			ery Ave. Rockvi		0.02 4000	in a land of the second
					U 13 1000	



X		1-	FOR STATE			DEPART	MENT OF H		MENTAL HYG	IENE 3	0	2	6 3	91
19609			REGISTRAR					CATE OF D	EATH		REG. NO.			
be sorth			CEASED NAME FOR PRINT)	Elwoo	d Lee	DDLE	1.	AST		Sept.				9:53 p
1 moy frer do		3 SEX		4. R.	ACE	-1-	5. DATE C	FBIRTH	10791	6. AGE (IN YEA	RS LAST BIRTHDA		THS DAYS	IF UNDER 24 HRS HOURS MIN.
oge 4		7- 01	Male RTHPLACE (STATE OR FORE	- 7:	Blac	CK 'HAT COUNTRY		II 3,	1921	9 BALTIMOR	E CITY OR C	YRS OF	DEATH	
deoth. P	5	(	MD		USA		WIDOWE		ORCED [	Mont	gome	ry		MD.
	9		ty or town of death lney			OSPITAL, NURS METY GYEST				120 USUAL OF	abore	ORKING LIFE)	INDUSTRY WS	SC BUSINESS OR
24 hour	5	130. 5		HOME OR OTHE COUNTY	1	IVE RESIDENCE BEFO	WN .	13d. INSIDE C	ITY LIMITS?	1701 A	Pumph	rey I	Lane/	20904
117	-2	_	THER'S NAME	MIDD		LAST		15. MOTHER'S	MAIDENNA		MIDDLE -		LAS	51
170	50		Frank			tasi	-	-	Beatr	ice Ma				
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ynco open, val			18 CAUSE OF DEATH (B	nter only of	ne cause per li	ine for (o), (b), o	ind (c).)	-	Λ	7				ONSET AND DEATH
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etoined by TO FUNERA should be de with the Stot	/		22d. PHYSICIAN'S NAMI	E (TYPE OR PRI	Rose	1		22e. ADDRES	6	errora	Driv	e, Sil	lver Si	pring (5)
PP			BURIAL, CREMATION, REA	MOVAL 2	236. DATE 9-30-			emetery or o		Sand		ing,	°∪Mon	tg. SMD
DHMH - 16 60M 7	/84	24 F	UNERAL DIRECTOR			246 Nores				E REC'D. BY RE		REGISTRA	R'S SIGNA	TURE
(VRA 15, 4)			George R. Sn	owden		Rockvil.	le, MD	20850	SEK	7 9 190	u gui	a diame	born-Kan	adall.

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5	SE S	3. SEX		JAMES 4. RACE	5 DATE OF BIRTH	P AGE (III)	YEARS   IF UN	PLEY,	JR. UNDER 24 HRS			<u>монтн</u>	8 19 DAY	YEAR 2d HOI	M
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	ATE. T		22a. I cert	fy that I taak chain	af the remains desi	cribed above, held or	Autor	sy X,	Inspection .	Inquir	, 🗆	and in my op	inion		
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	方以名方本理	23a.B		TION, REMOVAL 2		23c. NAME OF			23d.	LOCATION ITY OR TOWN		COUN		STATE	
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STATE OF MARYLAND

TO THE STARE  REGISTRAR  CERTIFICATE OF DEATH  REG. NO.  10 DECEASED NAME  INTERIOR PRINTING  INTERIO	a n	_ !	20	0.0	١.	FOR			DEPA		E OF MARYLAND	L HYGIENE	8 0	2	6 7	40
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220 I certify that (i) (this hospito strended if) deceased from 19 0 on at that in my our) opinion death occurred on the date of hour and from the couses stated 19 0 on at that in my our) opinion death occurred on the date of hour and from the couses stated 19 0 on at that in my our) opinion death occurred on the date of hour and from the couses stated 19 0 on at that in my our) opinion death occurred on the date of hour and from the couses stated 19 0 on at that in my our) opinion death occurred on the date of hour and from the couses stated 19 0 on at that in my our) opinion death occurred on the date of hour and from the couses stated 19 0 on at that in my our) opinion death occurred on the date of hour and from the couses stated 19 0 on at that in my our) opinion death occurred on the date of hour and from the couses stated 19 0 on at that in my our) opinion death occurred on the date of hour and from the couses stated 19 0 on at that in my our) opinion death occurred on the date of hour and from the couses stated 19 0 on at that in my our) opinion death occurred on the date of hour and from the couses stated 19 0 on at that in my our) opinion death occurred on the date of hour and from the couses stated 19 0 on at that in my our) opinion death occurred on the date of hour and from the couses stated 19 0 on at that it is not on the couse of the	Ö Z	SIC.	vrial.	He le	ICAI	(IF EITHER NOTHY ME	DICAI EXAMINER	) P		19	1011 105 110 1					
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PHYSICIAN DIRECTOR PHYSICIAN DIR		R Al	hed f	tem	1	72h 51/ / 1	(Illet char no	w the god	otyr feoth.					-	77L DATE 510	NIGO.
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BP 8-31-86 Mt. Lebanon Cemetery Hvattsville Maryland		SPIT d by	NER De Sto	AA.	1	220 F31Y5 V 100050	NAME OTTE	90	,	/ .	22* ADDRESS		~	(	11	1 100
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	1	500		STATE OF MARYLAND	3 13	6 3 9 /
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10.0		CEASED NAME FIRST	MIDDLE	(AST	2a. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
ge 3		Clyde	$\omega$	LICK S	, 9-3-8	6 12A1
OE .	3 SE	X	4. RACE	5. DATE OF SIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
ge 4		14	Caucaston	Aug/ 25/ 34/	62 YRS.	
Po Po	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIE	9. BALTIMORE CITY OR COUNTY	OFDEATH
deoth	16	Klahoma	U.S. A.	WIDOWED DIVORCE	D [ Nontgomes	ey Countym
i i	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY GIVE STE	SING HOME OR OTHER INSTITUTION	CTYPE OF WORK FOR MOST OF WORKING II	KIND OF BUSINESS OF
	15	ilver aprine	Holy CRO	SS HOSpital	Electrician	W.S.S.C
4 hour	13a.	AL RESIDENCE (IF JOURSING HOME)	OTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION)  DWN , 113d. INSIDE CITY LIM	AUS? 13e.STREET ADDRESS / ZIP COD	
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e execu			Kohoan U N 462	-22-46A8 Manu 1	ick 1707 Woodman Ave	
te b			nly one cause per line far (a), (b),		ACK 1707 WOODINGH HOW	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
certificate ing physici rban paper r remaval.	1	PART I. DEATH WAS CAUSI	ED BY: Cilatere			3-4 Weeks
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that the state of the sase real, crearing along the sase real, crearing along the sase real sase		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF		
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v ren	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WH	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
n. nas b perm ne pr	문				IN CERTI	FYING CAUSES OF DEATH?
N: The N:	- 3	21g. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	121c HOW INJURY O	OCCURRED (ENTER NATURE OF INJURY IN ITEM IB	
CLAN: 3 phys entifica iol-train ntal Hy ent-18	9	OR CONTRIBUTING CAUSE OF DE		DAY YEAR	, contact of the cont	
rSIC regression of the control of th	MEDICAL	(IE EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	19 21f. LOCATION		
this this he band to he band /	ME		(AT HOME, STREET, FACTORY, OFF)		CITY OR TOWN	COUNTY STATE
After the as the lith and		AT WORK AT WORK		m 9/1/ 10	86 10 9/3	19. <b>86</b> that (I) (we) las
ON: OSE SERVICE		saw the deceased alive or	oitol) attended the deceased fra	···	, 10	,, ,, , , ,
Spit Spit CTC CTC d fo	1	abave, (1) (we) (did) (did n	at Niew the bady after death.		opinian death occurred an the date and ha	
OR e ho		226. SIGNATURE	nh.	DEGREE ATTENE	DING MEDICAL STAFF	221 DATE SIGNED
		· very	K. / har	PHYSIC	CIAN DIRECTOR PHYSICIAN	19/3/86
TO HOSPITAL retained by the TO FUNERAL School be det with the State IMPORTANT:		22d PHYSICIAN'S NAME (TYPE		22e. ADDRESS		1
O HOSP etoined to FUNE should be with the Simple to Mith the Mi	1	Wesley	B. Masor	1 10500	Summit Ave,	Kensington h
5 € 5 € 3 <b>₹</b>	23a.	BURIAL, CREMATION, REMOVAL		3c. NAME OF CEMETERY OR CREMA	ATORY 23d LOCATION	
BP	D.	(SPECIFY)			CITY OR TOWN	Prince Georges
		Trancis J. Col			25a. DATE REC'D. BY REGISTRAR 25b. REGIS	
DHMH - 16 60M 7/84 (VRA 15, 4)			ens Ir.	Spring Md 2000	, SEP 9 1986 June	Davidson-Hondales
(VKM 13, 4)	61	III Hammake til D	VIII CIVILAN	SWELLO ME VIOR	1	

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	age	direc	4	7 RI	THPLACE   STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	Jun	e 25, 1918		R COUNTY OF DEAT	Н
	oth.	25 2	10	-	shington, D		MARRI	EDXXNEVER MARRIED	_		
	r de	1 / P	1		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME		☐ Montgo	ON 12h KIN	MD ND OF BUSINESS OR
_	offe	E. A.	38	Si	lver Spring	Holy Cros		i + - 1	(TYPE OF WORK FOR MOST C	F WORKING LIFE) INDUS	TRY
120	200	E TANK	3	USU/	L RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION			Retired) U	
4D 2	24 h	19.3	1		ryland Mon		.Spg.	13d. INSIDE CITY LIMITS	? 13e.STREET ADDRESS	ZIP CODE	20902
MARYLAND	=	2/2	-		THER'S NAME	regomery SII	.pyg.	15 MOTHER'S MAIDEN	NAME TITT OUT	versity	Blvd. We
AR	3	12/9	5/	1	William	MIDDLE LA		FIRST	WIDDLE	** 1	LAST
	peta	1/4	74	160 V	AS DECEASED EVER IN U.S. A		SECURITY NO.	Ella 17. INFORMANT	Silver Spri	Hershov	<u> </u>
BALTIMORE	ψ X	0 0	/		ES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)					
TT.	e pe	cion ers. F			Yes W		20-2101	I DOTOCITY LI	ff; 1111 Univ		PROXIMATE INTERVAL WEEN ONSET AND DEATH
80	ficat	physi pop novo	-5		PART I. DEATH WAS CAUS		01, and (C1.)	close K		BETW	VEEN ONSET AND DEATH
TS Z	certifica	ren ren			IMMEDI	ATE CAUSE (a)	agrance	Should	· · · · · · · · · · · · · · · · · · ·		
PRESTON	death	e co o no			Conditions if your which	DUE TO, OR AS A CON	MYOCE OF	Lil E.	A Land		
PRE	e de	mov matic			Conditions, if any, which gove rise to immediate	(b) 17 Car	l	raca Tuf	·		
₹	that th	by the	13		cause (a), stating the underlying cause last.	DUE TO, OR AS A CON		does Deal	~ C O		
201	es ‡	plea urial	-		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN		NOT PELATED TO THE TI	EPMINAL DISEASE OF CON	DITION CIVEN IN PA	PT 11a
ZDS,	5	Then to b		NO.	Embolis	· 10 · / -	Les	THE THE TO THE T	EKIMINAL DIGERGE OK CON	ZITON ON EN IN TAI	Ci iid
DIVISION OF VITAL RECORDS,	3	mit. prior	7	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR V	HICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI	INDINGS USED
3	on.	per	1	FF	9/11/86+9/12/8	6 Ischenic	e Restet	- Les	YES NO NO	IN CERTIFYING CAL	USES OF DEATH?
/ITA	Z. →	Cote Tonsit Hygin	7	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCC	CURRED (ENTER NATURE OF INJUI		
OF	CIA	certifico riol-tror entol Hy Item 18	9		OR CONTRIBUTING CAUSE OF D		H DAY YEAR				
NO	1751 ding			MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		21f. LOCATION	CITY OR TO	wn count	IY STATE
VISI	G P	s the bu		Σ	WHILE NOT WHILE	( AT HOME STREET, FACTORY, C	OFFICE, FARM, ETC )	STREET	CHTORIO	WHO COOK!	STATE
۵	Z a	se o se olth ealth				pital) attended the deceased	fram	30 , 19. 2	36 , to 9/12	1906	, that (I) (
	TTEN	for u of Hi			saw the deceased alive of abave, (I) (a) (did) (did)	n 9/13	19.86	nd that in (my) ( opin	ian death accurred on the de	ate and hour and from	n the causes stated
	OR A e hos	IREC hed ept.			77% SIGNATURE	4		DEGREE		22c. C	PAJE SIGNED
	AL O	etoc te D			7 20	Luir	- 100	ATTENDING	MEDICAL STAI		13/86
	SPIT,	FUNERAL old be det the State	T		22d. PHYSICIAN'S NAME (TYPE	OR PRINT	-	22e. ADDRESS			1-100
	HO		/		Frank N.	Gravino		10313 GE	Porgia Ave	, Silver S	pria, Wil
	7 P	Oh show	H		URIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF	CEMETERY OR CREMATOR	RY 23d. LOCATION	- V	1
	BP.		J	(	Burial	9-15-1986		avid Mem. Gd	CITY OR TOWN	rch. Virgi	STATE
	Diller	14 4011	0.4	24 FU	NERAL DIRECTOR		lle, Ma	25a.	DATE REC'D. BY REGISTRAR	25 REGISTRAR'S SIG	NATURE
		- 16 60M 7/ RA 15, 4)	0-4	Da	nzansky-Goldhe	era Chanels. 1			EP 16 1986	Julia Davidson	- Contraction

Levis II. Salar and dash

The state of the s

Frank & Course

8600 A £ 5132

injury, ar other traumatic event, the TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept: of Health and Mental Hygiene priar to burial, cremation, or remaval. any IMPORTANT: If them 21 is marked or them 18.

FOR - STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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											KLO. 140					
		CE ASED NAME OR PRINT)	FIRST		MIDDLE			AST		20. DATE OF	DEATH	MONTH	DAY	YEAR DI	26 HOL	TINA
		(	CHIAN	G LA	IN	YU	LI					7	- (	86	091	//\
	3. SE)	(		4. RACE	11	/	5. DATE C		VEAR	6. AGE INY		HDAY)	MONTHS	R I YEAR DAYS	IF UNDER	MIN.
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21		RTHPLACE (STATE OF F	OREIGN	76 CITIZEN OF	WHAT COU	NTRY?	8.	D NEVER	MARRIED 🗆	9 BALTIMO	RE CITY O	R COUN	TY OF DE	ATH		
	Ar	Tung, Ch	ina	China	a.		WIDOWE		IVORCED [	Mont	tgome:	ry Co	ounty	-		MD.
4	10. CI	TY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, I			OR OTHER IN	STITUTION	12a USUAL C					FBUSINI	ESS OR
И	Ga	aithersburg	5	SHANG	GROWE	DA		ST HOS	PITAL	Home	emake:	r	1.40		Home	
4		AL RESIDENCE (IF NURS	ING HOME OF	OTHER INSTITUTION			ADMISSION)		CITY LIMITS?	13e.STREET A	DDDESS	710.00	DE			
V		aryland		gomery	Gaith			YES X	NO [	9304 V				. /	208	79
寸	_	THER'S NAME						15 MOTHER	'S MAIDEN NA					-		
51		Lan	G	eng	Shi	AST			FIRST	Inknown	MIDDLE			LAST	T	
1	16a. V	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIA	-	RITY NO.	17 INFORM			ADDRE	SS				
4	(1	YES, NO OR UNKNOWN)	NO NO	ne war or dates)	217-	90-	5117	Chung	Yun Ch	iang (S	Son)	Same	as #	<i>‡</i> 13		
ŀ		IN CAUSE OF BEAT	U.C.	1		_				0	1				MATE INTE	RVAL
1		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	D BY:	0000	(92	0/1	ACUL	Ces a	ccide	244		-	LIWITING	JINSET AINL	DEATH
- 1			IMMEDIA	TE CAUSE (0)	200	0 4	000	<i>p</i> 0000	4	COCOC	2017				_	
- 1				DUE TO, O	R AS A CON	NSEQUI	ENCE OF									
П		Conditions, if any,	which	( (b)												
1		gave rise to immo		3	B 46 4 601	ICE OIL	Thick of									
		underlying couse		DUE TO, O	R AS A CON	N2E COU	ENCE OF									
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Н	CERTIFICATION	19a, DATE OF OPERA	TION	19h COND	ITION FOR	WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTO	PSY?	20b. IF Y	YES, WERE	FINDIN	IGS USE	D
Н	FIC.	THE DATE OF CITETION		110 00110							A.	IN CER	TIFYING (		OF DEA	TH?
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3		OR CONTRIBUTING	_	110110 4	W. WON.	TH D	AY YEAR	ZICTIOV	NJUKI OCCUR	KRED (ENTERNA	TURE OF INJUI	CY IN IIEM I	8 PARTIOR	PARI 2)		
	CA	(IF EITHER, NOTIFY MEDI			м.		19									
	MEDICAL	21d. INJURY OCCUR			OF INJURY	OFFICE I	FARM FIC )	211 LOCAT	ION ET		CITY OR TO	WN	co	UNTY		STATE
	>	WHILE NOT WE	RK	The state of the s	neer, vacroni,	OTT ACE,	-1-		2/	,	- /			0,		
		220.1 certify that (1)	(this hosp	ital) attended/th	e deceased	from_	0/3	Ò	19 66	to	9/7		19	36.	that (I) (	we) last
		saw the deceas	ed alive or	916/8	6	.19_	, o	nd that in (m	() (aur) opinian	death accurre	d on the de	ate and h	our and t	rom the	couses st	oted
		22b. SIGNATURE	did (did no	view the body	offer deoth	1.		DEGREE					22	DATE	SIGNED	
		All	81	1 man	Ven		A	10	ATTENDING PHYSICIAN	MEDICAL	STAI			Sept	/8/8	6
1		22d. PHYSICIAN'S N.	AME (TYPE	OR PRINT)			,,	22e ADDR		DIRECTOR		17.17		K DC	70/0	0
		ACAN	CHA	NACES				1522	5 SHAD	y GRO	RE RI	0 1	rocke	1144	22	085
		BURIAL, CREMATION,	REMOVAL			23c.	NAME OF C	EMETERY OF	CREMATORY	23d, LOCA	TION					
	(	Cremation		Sept/8	3/86	Ch	amber	s Crem	atory	Rive	rdale	, P.	G. C	5.,	Mary	Tand

DHMH - 16 50M 4/83

BP.

O HOSPITAL OR ATTENDING

(VRA 15, 4)

24. FUNERAL DIRECTOR

NAME

Silver Spring. Chambers Funeral Home

REGISTRAR 256. REGISTRAR'S SIGNATURE

accept a almost home A . In the event was the first to be gentlemented returned to the first mentioned and the professional residence to the profession of the professional and the profes

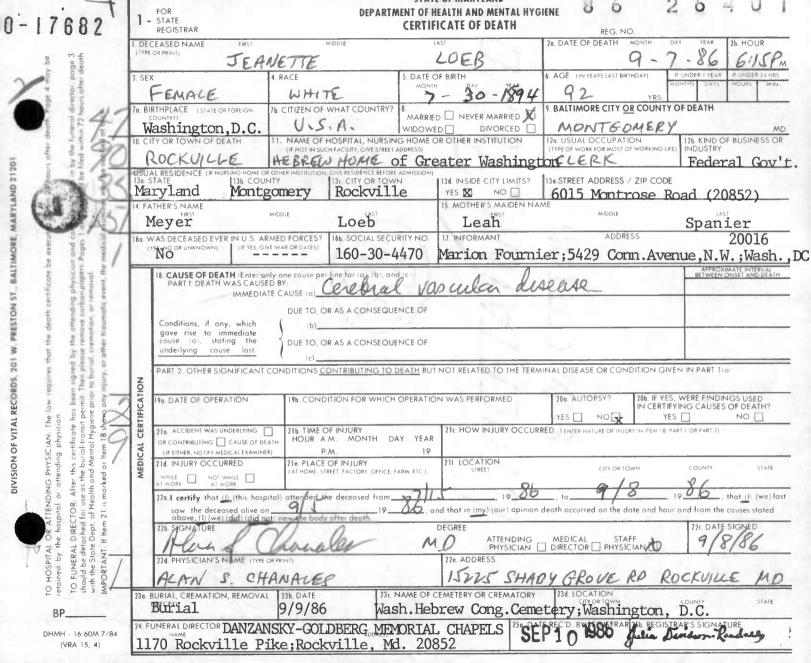
A DELCAR TOWN SHOWS COME TO SERVE OF THE CHARLES AND THE SERVE OF THE

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTPRANCIS J. Collins, Jr. 500 University Blud. West, Silver Spring, Md.

SEP 29 1986 julia Javidana Aprida



SEP 1 0 SEC / Law Market Bullion

Hard Bern Land along the Steeler (\$200)

0-1	7593	1	1.	FOR STATE REGISTRAR				ARTMENT OF CERTI	E OF MARYLAND HEALTH AND MENTAL H FICATE OF DEATH	HYGIENI	REG. NO.	2 6	dres g	0 2
	og pe 3			CEASED NAME OR PRINT)	ouise	156	Baile	y L	ong	20.	PIGIST NON	ITH DAY Y		HOUR AN
	ector, pp	3	3 SE	Female		4 RACE White	9	5. DATE MONI		6. A	GE (IN YEARS LAST BIRTHDA	YRS.	DAYS HO	URS MIN.
0	deoth. Pour merol dii in 72 hou			Maryland		76. CITIZEN OF V	S.A.	MARRII WIDOW	D NEVER MARRIED	_	ALTIMORE CITY <u>OR</u> CO Montgomery		TH	MD.
10	by the fulled with	7/	T		,Mar	land Wa	shingto	on at Ve	or other institution nice Hospital		USUAL OCCUPATION PEDE WORK FOR MOST OF WO HOUSEWITE	DRKING LIFE) 12b. K		SINESSOR
BALTIMORE, MARYLAND 2120	24 hour	3	N	laryland		other institution of the state		BEFORE ADMISSION	134 INSIDE CITY LIMITS YES NO		STREET ADDRESS / ZI	Court	2073	0
MARYL	\$ F ? \	50	14. FA	George		WIDDLE	Byrd	1	15. MOTHER'S MAIDEN		Unknown		LAST	
IMORE,	Page .		16a. V	VAS DECEASED EVER		MED FORCES? E WAR OR DATES)		SECURITY NO. 0-8092	Same as	rs. S 13e	ylvia B:PM&(	Conkey (	Daugh	iter)
W. PRESTON ST.,	equires that the death certificate be a signed by the ottending physicia. Then please remove carbon papers: to buriol, cremotion, ar removal.		NOI	Conditions, il ony, gove rise to imm couse (o), stotin underlying couse	which nediote g the lost.	DUE TO, OF	A CONS	SEQUENCE OF	femist the Heart NOT RELATED TO THE TE	Le Se	Store Leav	7	PROXIMATE WEEN ONSE!	
AL RECO	he law r on. hos bee t permit. ene prior		CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED		100 AUTOPSY? 201	b. IF YES, WERE I CERTIFYING CA YES [	SES OF E	USED DEATH?
DIVISION	TO HOSPITAL OR ATTENDING PHYSICIAN: The retoined by the hospitol or otherding physicion TO FUNERAL DIRECTOR. After this certificate hishould be detached for use os the burilotronsity with the Stote Dept. of Health and Mental Hygies MADRIANT. If hear 21 is marked or team 18 than	9	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR AT WORK NOTIFY HOLE 22a. I certify that (1) Sow the decease obove (1) (we) (d 22b. SIGN	AUSE OF DEA	21e. PLACE (AT HOME STR	M. MONTH M. DF INJURY EET, FACTORY, O		211. LOCATION STREET  19 nd that is (my) bur) opini DEGREE ATTENDING PHYSICIAN 22e ADDRESS	G, ion death	CITY OR TOWN  to Cocurred on the dote of EDICAL STAFF RECTOR PHYSICIAN	19 Gond hour and fro	nty tho	
		1	23a. E	URIAL, CREMATION, SPECIFY Burial	REMOVAL	23b. DATE 9/9/1	986	23c NAME OF C	EMETERY OR CREMATOR Thon Cemeter	Have 2	Mt. Vernon,	COUNTY	7 9	STATE
	BP	/B4	24. FU	INERAL DIRECTOR	ıneral					DATE REC	C'D. BY REGISTRAR 25b.	Somers REGISTRAR'S SI	GNATURE	Tytana

2	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  CERTIFICATE OF DEATH	6 = 0 3
0-18205	REG. NO.	
0 102700	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DA	20.11001
nay be page r deat	SITWARE LONG 9 13	3 86 955 PM
E 0.0		FUNDER I YEAR IF UNDER 24 HRS
actor rs off	MALE BLACK MONTH 3 1926 60 YRS.	DNIHS DAYS HOURS MIN.
Pod pi	TO BIRTHPLACE (STATE OR FOREIGN IN CITIZEN OF WHAT COUNTRY? 8	OF DEATH
deoth.	COUNTRY) D.C. U.SA. WIDOWED DIVORCED MONTGAMORIA	, CD
P 34 A	1). CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	17b. KIND OF BUSINESS OR
ofte of the	S. SPRINGS SURBAN HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE)	G S.A.
120 120	S. SPRINGS SURBAN HOSPITAL MAINTENANCE  BUAL RESIDENCE (IF NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	G 3.H.
4D 2	136 COUNTY 136 COUNTY 136 CITY OR TOWN 138 INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE	99999
A P	1) C WASH, YES NO G 615 R.I. AL	10 N.W
ARY WITH WITH	FIRST MIDDLE LAST FIRST MIDDLE	LAST
M, bet	WILLIAM LONG DELLA WOOL	
ORE Xect	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 1430 -	SARATOGA
Li Pe e	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 1430 - (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) U. DELLA HAIRSTON (NIECE) H	VENE#2
3AL ore	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), )	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T. Infinite	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PREUMONIA	10 DAYS
N Ce	DUE TO, OR AS A CONSEQUENCE OF	
SSTC deot	Conditions, if ony, which	
PR he o	gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF	
W to the state of	underlying cause lost.	
201	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	V IN PART Lia
Post in the second seco		, at the total training and the total training and the total training and the total training and and training and and an articular and articular a
Iow requirements on the service of t	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES,	WERE FINDINGS USED
	1 P. IN CERTIFY!	ING CAUSES OF DEATH?
VITAL  N: The hysician in the ransit propriet hygies 18 short	YES NO X YES  210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
Phys phys fiffica il-tror of Hy m 18	CO CONTROL DE CAUSE OF DE CAUS	T T OR PART 2)
SIC cer cer tent	OR CONTRIBUTING CASE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN	
PHY PHY ndi his but d M d M d M	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN	COUNTY STATE
DIV.	AT WORK AT WORK	
N 10 W 2 M 2 M	270.1 certify that (II) (this haspital) ottended the deceased from SEPT 19 19 19 10 SEPT. 13 15 saw the deceased glive an SEPT 13 19 10 and that in any local has great day the date and have	that (1) (we) last
E # 64 2 2	abave, ((1) we) ridid)((did no)) view the body after death.	
A Depty of the state of the sta	27b. SIGNATURE DEGREE	22¢ DATE SIGNED
4 44 4	MULLIAM H SULVENIES MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	9-14-86
TA STATE /	27d. PHYSICIAN'S NAME (TYPE OR PRINT) 27e ADDRESS 6/1/ EXECUTIVE BLVD.	
OF PART AND	WILLIAM H. SILVERMAN ROCKVILLE, MD	
01 25131	23a BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION	
114 98P 44	ISPECIFY BURIEL 17-SEPT.86 HARMONY LANGUER	COUNTY STATE
0111111	24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 250. REGISTRA	4.0
FDHMH - 16 (6M 7/84 (VRA 15, 4)	MUDGERN FUNERAL Home 3821-14th STNW SEP 18 1986. June New	idson-Asindalia
BOOK 371.116	Ming of the Ming 10 Ming 10 Ming 1 1 1 1000.	

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All and a vest town . July file-

			STATE OF MARYLAND	0 /	01100
7908	1 - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	20 703
300	1. DECEASED NAME	FIRST MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
den	E	MMA ORR	LOUDEN	9	11 84 935
An Pro	FEMALE	1. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	7a. BIRTHPLACE (STATE OR FO	CAUCASIAN  DREIGN 76. CITIZEN OF WHAT COUNTRY	8 7 13 78	9. BALTIMORE CITY OR COUN	
137	Michigan	United States	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery	County MD
90	Bethesda	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Fernwood Hol	NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN) Homemaker	G LIFE) 12b. KIND OF BUSINESS OR INDUSTRY OWN HOME
3	3a STATE	NG HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFOI 13b. COUNTY 13c. CITY OR TOY Montgomery Rocky	VN 134 INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP CO	DDE lle Drive/2085
10/3/	William	John Orr	15. MOTHER'S MAIDEN N. FIRST Emma		Shaw
	WAS DECEASED EVER I	N U.S. ARMED FORCES? 16b. SOCIAL SEC 266-76-		address rd Louden, sa	
has been signed by a permit. Then please are prior to burial, or the sary injury, or oth	CVA -	urta ment hem	DEATH BUT NOT RELATED TO THE TER	. /979   20a AUTOPSY?   20b IF	GIVEN IN PART TO
al transit tal Hygie	21a. ACCIDENT WAS UND OR CONTRIBUTING C C	AUSE OF DEATH HOUR A.M. MONTH	PAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	
s the burn tood Mer hed or the	(IF EITHER NOTIFY MEDIC 214 INJURY OCCURR WHILE NOT WHI	ED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211. LOCATION	CITY OR TOWN	COUNTY STATE
TOR At for une o of Health	22a.1 certify that (1) saw the decease	(this hospital) attended the deceased from, d alive on1919	19 74 84, and that in (my) (our) opinion	, to, to	19 34 , that (I) (we) last hour ond from the causes stoted
NERAL DIRECTOR OF STATE OF STA	THE SIGNASCHE	Un hafferan was	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	DICAL STAFF DIRECTOR   PHYSICIAN	276 DATE SIGNED 9/11/84
though the with the wind the w	23a. BURIAL, CREMATION, I	M. LIUFFMAN M.	NAME OF CEMETERY OR CREMATORY KWOOD Memorial	EX AVE., WASH.	D.C. 20016
	Entombment	16, 1986	Mausoleum	Saginaw, M:	ichigan
- 16 60M 7/84 VRA 15, 41	7557 Wisco	bert A. Pumphrey Brin Ave. Bethesda	uneral Homes of the contract o	SEP 15 1986	HOLEN-AUTORE

00071-01 Esmit ORK TOUREN 3 " SE Female Charastan F 13 By July 86 ... - Angle and the second of the 

DHMH - 16 60M 7/B4

11800 New Hampshire Ave. S. S. Md. (VRA 15, 4)

23b. DATE

10/1/86

23a BURIAL CREMATION, REMOVAL

Metropolitan Crematory 24 FUNERAL DIRECTOR Hines/Rinaldi Funeral Home

231 NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

Alexandria 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR 3 SIGNATURE

23d LOCATION

Silver Spring, Maryland 20910

22c. DATE SIGNED

DAY

30-

IF UNDER 1 YEAR

Stewart

YES [

COUNTY

COUNTY

176. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO I

STATE

STATE

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to Conserve related to plant the day 12 - 12 to 1020 35

nn.	10071		FOR	r	DEPARTMENT OF H	EOFN	AND MENTAL HY	GIENE 6	26.	0 /
00-	19871	1-	STATE	MEI			ERTIFICATE OF	DEATH	6.00	
			REGISTRAR CEASED NAME FIRST	7712	MIDDLE	,	IAST CATE OF	20 DATE KNOWN		YEAR 76 HOURS
	and the same of the		E OR PRINT)			/	well 7	Z OF ESTI-	MONTH OAT	YEAR 76 HOURS
	N BEERS	2 053	John	,	LeRoy	License	were	DEATH MATED	Wep Vit	7986 PIM
	品品品品	3. SEX	4 RACE 5. DA	TE OF BIRTH	96 90 YEAR	MONTE	DER 1 YR. IF UNDER 24	AIN. PRONOUNCED	MONTH DAY	YEAR 20 HOUR
	IK ONDER		m w	22 Z	76 70 YR	S.		DEAD	Jeps. 21	19 6 JOM
	SE S		RTHPLACE (STATE OR 76. C	IIIVEN OF WH	IAT COUNTRY?	MARRI	ED NEVER MARRIED	BALTIMORE CIT	Y OF COUNTY OF	DEATH 0
	CO.3058		ryland	USA		WIDOW			2-690,	nevy MD.
	S X	0 CI		F NOT IN SUCH FAC	PITAL, NURSING HOME, Quity, GIVE SPEET ADDRESS)	OR OTH	ER INSTITUTION 1	2a USUAL OCCUPATION ( FOR MOST OF WORKING LIFE)	TYPE OF WEST 12b K	IND OF BUSINESS OR INDUSTRY
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10	2 2 2 2 1"	IJa. S		R INSTITUTION, GR	13 CITY OR JOWN	N)	13d. INSIDE CITY LIMITS? 1:	le STREET ADDRESS		20817
212	12 NO.		Ma Mon	5	Bethesd	2	YES NO .	8303; Czyz	recie	Drive
MD.	TO YE	14. F	THER'S NAME FIRST MIDD	ni B	LAST		15. MOTHER'S MAIDEN	NAME	0	LAST
m,	\$ 5 S		John B.		Luckett		Caroline		Cleme	
WO	FORM ES 1 A ON O	16a V	VAS DECEASED EVER IN U.S. ARMED F		166. SOCIAL SECURITY	NO.	17. INFORMANT	ADDRI		31700
BALTIMORE, MD. 21201	SISTEM	Ye		DATES	219-42-414	17	Alfred Ward	ell Friend	Same as	13
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	PENCE AMIN OR L		gave rise to immediate cause (a) stating the <u>under-</u>	DUE TO, OR	AS A CONSEQUENCE O	F	11/10			
201	NA A KA		lying cause last.	(e)						
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	STAGE EXAMINER: ETHE CERTIFICATE SHOULD BE FOR ERAL DIRECTOR: EFATH, WITH THE SORE, MARKIAND		22a I certify that I took charge of th		The state of the s	Autop	sy L., Inspection &	A, Inquiry L.	ond in my opinion	
	SER DES		death resulted fram: Natural cau	ises L	Accident Suic	ide 🔲	, Homicide 🔲	Undetermined manner		
	MANUEL CERT		ACTUAL //	10			TITLE (SPECIFY)		DATE C	1000
	NERAL PEAT PEAT PEAT PEAT PEAT PEAT PEAT PEAT		SIGNATURE	1. 6	Page	M	D. 100.	MEDICAL EXAMINER	SIGNED	P47788
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		(5	JRTAL, CREMATION, REMOVAL 236 DA		231. NAME OF CEM			23d. LOCATION CITY OR TOWN	COUNTY	STATE
07/84 25M	BP	24 FI	Burial Oct	1,198	6 Cedar Hil	L Co	motory PATE DEC	Suitland Ph	GISTRAR'S SIGNA	ryland
	DHMH - 17		NAME FRANCIS J	. Call	ins, Jr.		. 007 0	- 4000		- Atlibu
	(VR A15 ME (5))	50	O University Blvd.	W. S.	ilver Spring	3. M		3 1886 Alone		
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nuinno 219-11-11-11 Charle Compact Fried

John S. Rogers, M.D. 1919 Seminator Read Ellera Spring Mr. Co. 1, 1986 Color Hill Comptons Spicion P. Goo. Manufand Francis I. Collins, Jr. 500 meinorsity Blyd., M. Silver Speing, Mis.

73 HOSE 63

N -	121	03		1 -	FOR STATE REGISTRAR			DEPARTI	MENT OF H	EALTH AND MENTAL H	RI	6 2 G. NO.	5 ~	. 0 6
0	104	00			EASED NAME	FIRST		MIDDLE	1	AST	20. DATE OF DEA			26. HOUR A
	may be			(TYPE)	OR PRINT)	EDWA	RD JOSE	PH LYNCH			SEPTEMBE	R 16 1986	,	6:00 M
	poq pod	Ď	1	3. SEX			RACE		5. DATE C		6 AGE (IN YEARS)	AST BIRTHDAY) IF	F UNDER 1 YEAR	IF UNDER 24 HRS
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	Page 4 ma director, po	3	4		THPLACE (STATE OR F	OREIGN 7		WHAT COUNTRY?	0		O DALTIMORE	ITY OR COUNTY C	F DEATH	
	to lo	7 (5)	X	C	SSACHUSETT	3	IINITTET	STATES	MARRIE	D NEVER MARRIED		MIDDI		MD.
	fune dec	00			Y OR TOWN OF DEA	- 20				OR OTHER INSTITUTION	12a USUAL OCC	UPATION	126. KIND O	OF BUSINESS OR
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X		e e		1		H LYN		I.u		NA PURCONANTA	ELIZABETH	KELLY ADDRESS		
PRESTON ST., BALTIMORE, MARYLAND 2120	1	1 4	2		AS DECEASED EVER	(IF YES, GIVE	WAR OR DATES)	166 SOCIAL SECU		17. INFORMANT				
I W	F:		1		YES	1950	-1970	032-22-	3944	EDITH LYNCH	,10 CHEVAI	COURT, S		
3ALI	1.	10.5			18 CAUSE OF DEAT	H (Enter only	one couse pe						BETWEEN	ONSET AND DEATH
2	$\sim$	on o			PART I. DEATH W		CAUSE (o)	MET	CASTAT	IC LUNG CANO	CER			
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*	by t	), crem other t			underlying couse		(6)	AS A CONSEGO	2					
, 20	res t	ouria y, ar			PART 2. OTHER SIGN	VIFICANT CO	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OF	CONDITION GIVE	N IN PART 1	0
DIVISION OF VITAL RECORDS,	equi	를 후		O										
8	w bee	prior	1	CERTIFICATION	19a. DATE OF OPERA	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY		WERE FINDING CAUSES	
I RE	on. hos	ene ene	7	TIFI							YES NO	YES YES		NO 🗆
/ITA	physicie	Hygiene	1	CER	210. ACCIDENT WAS UNI		216. TIME C	OF INJURY	AV VEAD	21c. HOW INJURY OCC	URRED (ENTER NATURE	OF INJURY IN ITEM 18 PAR	RT I OR PART 2)	
P.	OlAP Physical	lentol I	1	AL	OR CONTRIBUTING		н	.M. MONTH D	19					
Z	PHYSIC ending this cert	0 2 0	/	MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY		211. LOCATION	C	Y OR TOWN	COUNTY	STATE
/ISI	The H	os the Ith and Iorked a		W	WHILE NOT WE	IILE	(AT HOME ST	REET, FACTORY, OFFICE,	FARM, ETC }	SIREE		100000		31111
ā	o o	e os olth morl			22a.1 certify that (1)		nl) ottended t	ne deceased from	AUGU:	ST 23 19.86	to SEPTE	EMBER 16	9 86	that (I) (we) lost
	S S S	f He			sow the deceos	ed alive on	SEPTEM	3ER 16 19.	86_,。	nd that in (my) (our) apini	ion deoth occurred or	the date and hour	ond from the	couses stoted
	AT	at of			above, (1) (we) ( 22b. SIGNATURE	did) (did not	) view the body	otter deoth.		DEGREE			22c. DATE	SIGNED
	he h	e Dep			1/ 4.1	Mars	/		M	) ATTENDING	MEDICAL DIRECTOR	STAFF	9-	16-86.
	by ERA	Stot	1		22d. PHYSICIAN'S N	AME (TYPE OR	PRINT)			THISICIAL	VAL HOSPIT			. 0
	NOS!	should be deto with the Stote						Ma Harr			THESDA, MI		011	
	O HO	Shor with		-				MC, USNR	NAME OF					
00		10			URIAL, CREMATION,		236. DATE 9/19/8			CEMETERY OR CREMATOR	CITY OR T		REINGT	ON V'ATE
11	BP_	1	3			ML	7/17/0	AIN	TITIOI		DATE REC'D. BY REGI			
/	DHMH - 1	60M 7/8	34		DANS TO A	MARIO	HEDMIN	ON UTOBREST	NTA				WAR S SIGNAL	
	(VRA	15, 4)		J.	BÉŘKLEY (	KEEN,	TEKND	JN, VINGI	IN T W	0	L 1 3 1980	1		w V

#### STATE OF MARYLAND FOR - STATE CERTIFICATE OF DEATH REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			7		V 1
REG. N	Ю.				
D. DATE OF DEATH	MONTH	DAY 1CI	YEAR SG	26. HOL	
AGE (IN YEARS LAST BI	RTHDAY		RIYEAR	IF UNDER	
79	VDC	MONTHS	DAYS	HOURS	MIN.

A	4 RACE	2 DATE OF BIK	IM	
Female	cau.	MONTH	13 6	O7
BIRTHPLACE (STATE OR FOREIGN COUNTRY) 1) Strict of Colum	16 U.S.A	MARRIED WIDOWED	NEVER MARK DIVOR	
ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		HER INSTITUT	ION
wheaton	University		Uursi,	na 1-

E.

Montgomery

12b. KIND OF BUSINESS OR D.C. Recreation D

Harrison

U	UAL RESIDENC	CE (IF NURS	ING HOME OR OTHE	R INSTITUTIO	N GIVE	RESIDER	VCE BEFOR	E AD
13	B. STATE	1 1	136 COUNTY .		1136	CITY	OR TOV	VNL.
	mou	land.	Mont	COM		4.1	110	
0	1171.3	19110	10137	ANL M	PΨ	VII	VeL.	-
14	FATHER'S NAM	ΛE		0	1.			7

LIF YES GIVE WAR OR DATEST

FIRST

DECEASED NAME

Thomas

no

CERTIFICATION

MEDICAL

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

TYPE OR PRINTS

Quinlan 166 SOCIAL SECURITY NO.

578-40-7116

Ida 17 INFORMANT Sarah L. Bland same as # 13

9 BALTIMORE CITY OR COUNTY OF DEATH

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	SINGS USED ES OF DEATH?
	Contraction of the contraction o		YES NO	YES 🗌	NO 🗌
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART : OR PART 2)	
21d INJURY OCCURRED  WHILE OF NOT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	COUNTY	STATE

sow the deceased alive an above, (1) (we) (did) (did not vi

ATTENDING

STAFF

PHYSICIAN [

	W	HUEK	6.	G00	4	MI
0	D11011					

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

MEDICAL

Burial Ft. Lincoln 24 FUNERAL DIRECTORFRANCIS J. Collins Inc.

Brentwood Prince Georges Md.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 500 University Blvd. West. Silver Spring. 20901

DHMH - 16 60M 7/B4 (VRA 15, 4)

O FUNERAL D

MPORTANT

Silver Spring, Md.

(VRA 15, 4)

ATE OF MARYLAND

f you have sent birth certificates to DVR which are is or any previous list, please contact Ms. Faye 764-3187 or Ms. Marisa Wilson at 410-225-5937.

				1 -	FOR STATE REGISTRA
00-	963	64	1		EASED NA

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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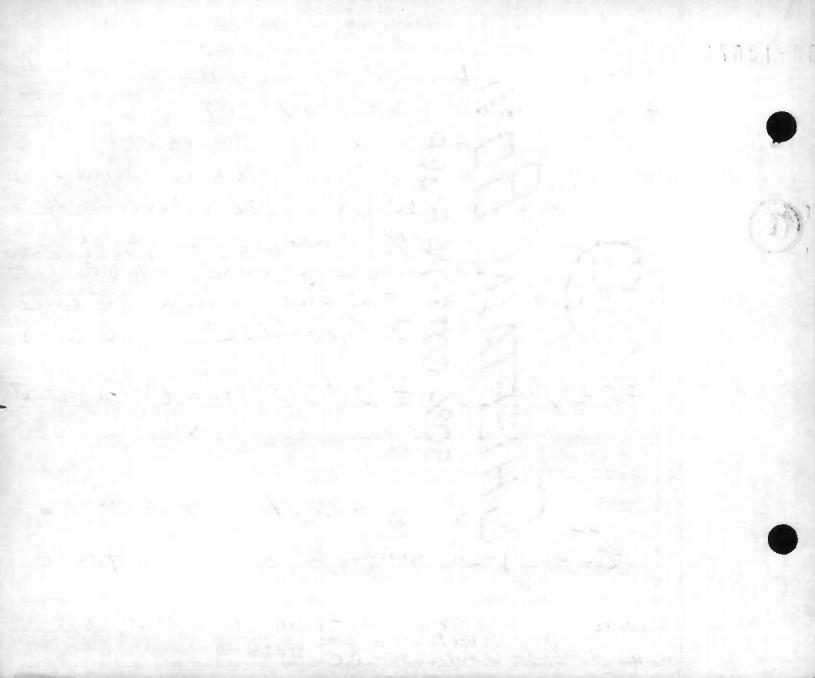
REGISTRAR		CERTIFIC	AIL OI DEA	111	RE	G. NO.			
DECEASED NAME FIRST	WIDDLE	IAS	Ī		20. DATE OF DEAT	H MONTH	DAY	YEAR	2b HOUR
Kathry	N Hargett	Mack	(			9	30	86	5:20A
SEX	4. RACE	5 DATE OF	0		6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS	RIVEAR	IF UNDER 24 HR
Female	White	OCT.	12, 1	900	85	YRS			
SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? B	☐ NEVER MAR	RIED	9 BALTIMORE CI	TY <u>OR</u> COUN	TY OF DE	ATH	
Maryland	USA	WIDOWED			Mont	gomer	y Co		/
CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREE		OTHER INSTITU	TION	120 USUAL OCCU			KIND O UŞTRY	F BUSINESS C
Rockville	National I	uthera	an Home	2	School	Teach	er I	Educ	ation
SUAL RESIDENCE (IF NUMBING TOME OF STATE  Maryland Balt		WN 11	3d INSIDE CITY (	LIMITS?	3326-Gi	ess / zip co lman	Teri	cace	2121
Albert	MB. Harget		S. MOTHER'S MA		E VAIDE	DLE	I	Alba	ugh
WAS DECEASED EVER IN U.S. A		URITY NO. 1	7. INFORMANT		A	DDRESS			V-
(YES NO OR UNKNOWN) (IF YES G	214-40	-48711	Rev.Rok	pert	Mack-33	26 Gi	lmar	1 Te	er.,Ba
Conditions, if any, which gave rise to immediate cause tal, stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO	L MAY  UENCE OF  DEATH BUT NO			Heast NAL DISEASE OR ( 200 AUTOPSY? YES NO	20b IF		E FINDIN	MGS USED OF DEATH?
OR CONTRIBUTING CAUSE OF DI  (IF EITHER NOTIFY MEDICAL EXAMINI  21d. INJURY OCCURRED  WHIE NOTIWHIE AT WORK	P.M.  21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	DAY YEAR	216 HOW INJUR	Y OCCURRE	D (ENTER NATURE O	1-26	8 PART I OR	PART 2)	STATE
saw the deceased alive a	attended the deceased fram, n 9 - 29 19 19 19 19 19 19 19 19 19 19 19 19 19		GREE ATTE	O apinion di	eath accurred an t	STAFF	-		
228-PHYSICIAN'S NAME (TYPE HA-ROLD  BURIAL, CREMATION, REMOVA	F. M. CANA	NAME OF CEA	22e ADDRESS 436 2-	26 th	23d LOCATION	ARLI	NG,	10,	V, V,
CREMATION	SEP.30/86 ME	TRPOL:	ITAN CI	REMAT	ORY, AI	EXAND	RIA		
FUNERAL DIRECTOR	vc1300 n ST.	, NW V	WASH.,	250. DATE	FO 1 198	BAR 25h REG	STRAR'S	SIGNAT	ungdelile

DHMH - 16 60M 7/84 (VRA 15, 4)

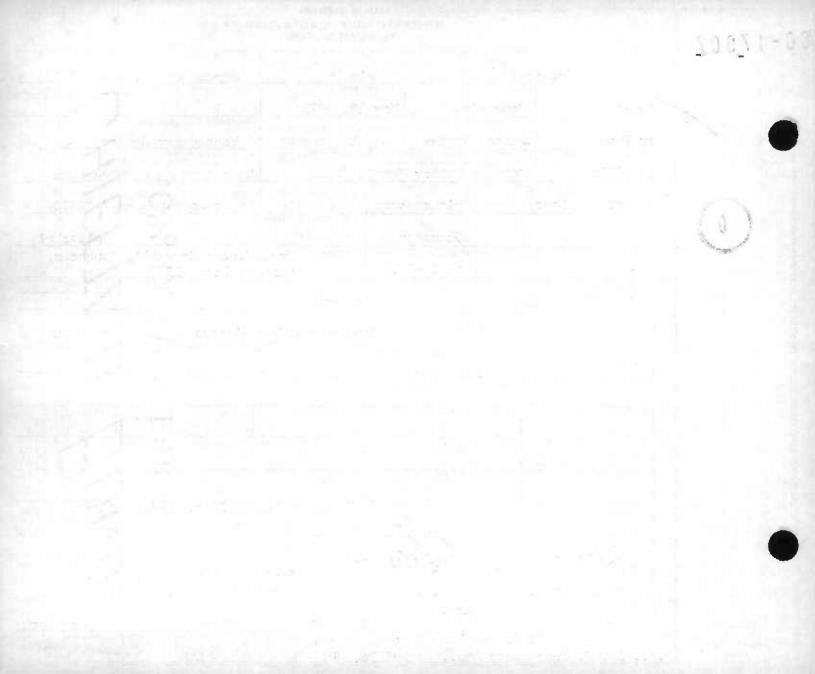
BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attency should be detached for use as the burial-transit permit. Then please remaye cowith the State Dept. of Health and Mental Hygiene priar ta burial, cremation, s

18674		FOR STATE REGISTRAR ECEASED NAME FIRST	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.  120 DATE OF DEATH MONTH DAY	YEAR 2b. HOUR
page 3 C	(1)	FLORENCE	Mobile	MACON	SENTEMBER 15 19	186 345
	3. 9		4 RACE	5. DATE OF BIRTH	6 AGET (IN YEARS LAST BIRTHDAY) IF UNDE	
rector urs of		FEMALE	WHITE	SEPT. 8, 1899	84 YRS	
orth. Perol di 72 ho	9/0	COUNTRY)	76. CITIZEN OF WHAT COUNTE	MARRIED   NEVER MARRIED	Mow Bayery County of DE	ATH V
er de	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	WIDOWED DIVORCED DIVORCED SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b.	KIND OF BUSINESS
\$ 10 E	95	ilux Spring	9/01 2rd A	15 Silvin Sprin, Hd.		TALY SH
A LEAD	1	STATE NUMCOUN	GIVE SELECTION ON RESERVED IN	OWN 13d INSIDE CITY LIMITS?	134 STREET ADDRESS ZIP CODE	2988
	a je	NONE NOME	VIC WASH.	IS MOTHER'S MAIDEN NA		JEI. WE
	21	FRANK (	Mur.	PHY SARAH.	NEW	FLL
dead a	5100	WAS DECEASED EVER IN U.S. AR	MED FORCEST 166 SOCIALSE 1 WAR OR DATEM		TUZHEY ADDRESS 2933	JARFIEL
2 82	5-	No -	P 78-6	2-9542 TIMOTHY V.	DILLON WASH. D	C,
ficon paper property first		PART L DEATH WAS CAUSE	DBY AND	esture tearl	f Jackerso H	CTWEEN ON BURNE OF
certi		IMMEDIA	E CAUSE (b) CO 19	- Land	January .	Tady
eath head on o		Conditions, if any, which	DUE TO, OR AS A GONSEC	Le Terricle	the !	3 dde
he d mon		gave rise to immediate coustr (a), stating the	DUE TO, OR AS A CONSEC	OURNIE DE		1
by to		underlying cause last	DUE TO, OR AS A CONSEC	JUENCE OF		
and	1	PART OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELAND TO THE ERA	INAPOSEASE OR CONDITION LIVEN BY	711111111111111111111111111111111111111
4 4 4 4	NOL	HO HO;	MSCVO	= 000 ja	reances (	FINDINGS USED
1000	HCAT	196 DATE OF OPERATION	INE CONDITION FOR WHI	ICH OPERATION WAS PERFORMED	IN CERTIFYING C	AUSES OF DEATH?
the state of the s	CERT	21a. ACCIDENT WAS UNDERLYING	1 116 TIME OF INJURY	21s. HOW INJURY OCCUR	RED (INDEX IN TEXT IN THE OF HOUSE IN TEXT IN THE PART I ON	NO []
34 415 Z	1 2	DECONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	A STATE OF THE PARTY OF THE PAR	
A Mer	MEDIC	THE INJURY OCCURRED	THE PLACE OF INJURY	211 LOCATION	Off-OffDeris CO	MIN S MAN
State of the state	×	AT HOME AT HOME	CAT HOME STREET, FACTORY OFFI	CL. FALM. 19C) SHILLS	Controller (iii	/
A B		22s I certify that (I) (this hospi			10 9-15 81	2 that it se
A POLICE		saw the deceased glive on above, (1)	t) view the body after death.	ond that in (my) a opinion	death occurred on the date and hour and tr	om the causes states
4 4 4 4 4 4 A		22% SIGNATURE	1	A DIORES		DATE SIGNED
		Ther	yelar.	SVILLO ATTENDING PHYSICIAN E	DIRECTOR PHYSICIAN	15-86
TAL CALL		174 PHYSICIAN'S NAME ITHE	may	77# ADDRESS		
SEPITAL CONTESTAL CONTESTA	1	The state of the s	11			
D HOSPIFAL C found by the O FUNERAL O mould be detec- inh the State O APORTANT, II	/					
JO HOSPITAL C Jetorinal by the TO FUNERAL D should be advoid with the State D MPGRTANT, II	/ 230	BURIAL CREMATION REMOVAL	Carlo	To NAME OF CEMETERY OF CREMATORY	234 LOCATION COUNTY	11/200
TO FLOSPITAL OF HOSPITAL OF FLOSPITAL OF SHOULD be defined by the Sinte District of Manager Annual Manager Annu	230	BURIAL CREMATION REMOVAL	SEPT. 19, 1886	WESTPOINT CEM.	WEST POINT.	N.Y.
PP COPILERAL DE SECRETA DE SECRET	24	BURIAL CREMATION REMOVAL BURIAL DIRECTOR HAMI	Carlo	WESTPOINT CEM.	LIFY DE TOWN - COUNT	N.Y.



17907	1	FOR - STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	REG. NO.	6413
		ECEASED NAME FIRST		MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
page 3		Mar	garet		aly	September 11.	1986 I:05A M
tar, pe	13.3	EX	4 RACE	5. DATE	OF BIRTH  TH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
Pe Si	1	Female	Caucas		12, 1911	75 YRS	
neral dii	-/-	BIRTHPLACE (STATE OR FOREIGN COUNTRY) New York		WHAT COUNTRY? 8 MARRI  States WIDOW	ED NEVER MARRIED	9 BALTIMORE CITY OR COUNT Montgomery Co	
by the funeral led within 72 l	7	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HOME CHEACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I Homemaker	12b. KIND OF BUSINESS OR
3	130				134. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD 18 Treworthy Ro	DE
	0	Joseph	WIDDIE	Schuster	15. MOTHER'S MAIDEN NA Mary	WIDDLE	Doleschal
Page	160	WAS DECEASED EVER IN U.S (YES NO OR UNKNOWN) (IF YE NO	ARMED FORCES? S, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 064-18-5374		. Marthe Corvelli e as item #13	
physicic anpapers emaval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one couse pe USED BY: DIATE CAUSE (a)		neumonia		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 7 Days
d by the attending lease remove carb ial, cremation, ar or ather traumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	(b)	OR AS A CONSEQUENCE OF	erebrovascula	r Disease	5 Years
been signed by mit. Then please prior to burial, cr	CERTIFICATION	PART 2. OTHER SIGNIFICA		ONTRIBUTING TO DEATH BU		200 AUTOPSY? 20b. IF YI	ES, WERE FINDINGS USED
						YES NOXX	IFYING CAUSES OF DEATH?
g physical p		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O  (IF EITHER, NOTIFY MEDICAL EXAL	F DEATH HOUR A	DFINJURY I.M. MONTH DAY YEAF I.M. 19	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART : OR PART 2)
OR: After this of use as the burner of the old we had we had we had we had me is marked or It.	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	LAT HOME S	OF INJURY TREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
S: Aff		22a I certify that (I) (this h	ospital) attended t		19_79	Sept.11.	, 19 <u>86</u> , that (I) (we) last
4 0 5 4 5		saw the deceased aliv abave, (1) (we) (did) (di	e on <u>Sept</u> d nat) view the bad	8 19 86	and that in (my) (our) opinion	death accurred on the date and ha	ur and from the causes stated
retained by the hosp TO FUNER by TO FUNER by Should be detached fowith the State Dept. of IMPORTANT; if Item 2		22b. SIGNATURE	les /	Metter	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	ne DATE SIGNED  Sept, 11, 19
od by		22d. PHYSICIAN'S NAME (1	YPE OR FIELD		22e. ADDRESS 3301	L New Mexico Ave.	
APOR		Alexander	C. Chest	er, M.D.		nington, D.C. 20	-
BP		BURIAL, CREMATION, REMO (SPECIFY) Burial	VAL 236 DATE 15, 1	Sept. 23c NAME OF Woodlar	cemetery or crematory wn Cemetery	23d LOCATION CITY OR TOWN Bronx	county State New York
HMH - 16 60M 7/84		FUNERAL DIRECTOR Rob				TE REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE
(VRA 15, 4)	P	.A., 300 W. Mo	ntgomery	Ave., Kockvil	Le, MD.	SEP 15 1986	



		1 -			DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		2	5 %	1 4
00-	17201		PASED NAME FIRST		WIDDLE					YEAR	2b. HOUR
	pe pe	I PARE		ILLIAM N	ALBECK	Jr.		SEPTEMBER	1 1986	13.0	6:10 A
	You go	1: SEX		4. RACE	4. RACE 5. DATE OF				THDAY) IF U		IF UNDER 24 HRS
	de d	M	ALE	CAUCASI				78	YRS.	TIS DATS	MIN.
				76. CITIZEN OF	WHAT COUNTRY	/? 8. MARRIE	NEVER MARRIED	9. BALTIMORE CITY C	OR COUNTY OF DEATH		
	deoth / /	F	LORIDA			WIDOWE	DIX DIVORCED				MD.
5	d with	W. CII	BETHESDA	11. NAME OF (IF NOT IN SU	CH FACILITY, GIVE STRE	ET ADDRESS)		(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			
AND 212	25	13a. S	TATE13b. COL	JNTY	13c. CITY OR TO	OR TOWN  134. INSIDE CITY LIMITS?  YES NO X		13e STREET ADDRESS / ZIP CODE		74	
RYU	anthir and a 2 st	4 FA	FIRST	MIDDLE	LAST		FIRST	MIDDLE			
TO T						D					
OR	execusing conditions and conditions and conditions and conditions and conditions are conditions and conditions and conditions and conditions are conditions and conditions are conditions and conditions are conditional are conditions are conditional are	IY	ES NO OR UNKNOWN) 1 (IF YES, C	IVE WAR OR DATES						1986 6:10 M IF UNDER LYEAR IF UNDER 24 HRS WONTHS DAYS HOURS MIN.  VRS. WAD.  IZB KIND OF BUSINESS OR INDUSTRY U.S.NAVY  CODE  20674  DIFORD  RY HILL ROAD,  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO CERTIFYING CAUSES OF DEATH? YES NO CENTRY NO COUNTY  STATE  4-5011  COUNTY STATE	
LI N	Po									APPROXI	AD,
7	ficate physic pape naval ent, t		PART I. DEATH WAS CAUS	SED BY:				0012, 112 2.		BETWEEN	NSET AND DEATH
N ST	+		IMMEDI				NOTIA		REG. NO.  DATE OF DEATH MONTH DAY YEAR 26. HOUR  SEPTEMBER 1 1986  GE (IN YEARS LAST BRITHDAY)  78  YRS.  ALTIMORE CITY OR COUNTY OF DEATH  MONTGOMERY  USUAL OCCUPATION PEOF WORK FOR MOST OF WORKING LIFE)  U.S. NAVY  STREET ADDRESS / ZIP CODE O. BOX 51  CETIRED  ADDRESS  ECK, 41 BERRY HILL ROAD,  WE, NY 11771  APPROXIMATE INTERVAL  BETWEEN ONSE! AND DEATH  CENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  CITY OR TOWN  COUNTY  STATE  TO SEPTEMBER 1. 19.86 that (I) (we) last the occurred on the date and hour and from the causes stated  HOSPITAL  DAY, MD 20814-5011  DAY OF DEATH  TO SEPTEMBER 1. 19.86 that (I) (we) last the occurred on the date and hour and from the causes stated  HOSPITAL  DAY, MD 20814-5011  DAY OF DEATH  COUNTY  STATE		
STO	death mtena ien, a		Conditions, if any, which	( (b)	DR AS A CONSEG	OENCE OF					
W. PRE	the remember to the emp		couse (a), stating the	ABOUT   ABOU							
RDS, 201	gnec gnec en pli buri	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERA	NINAL DISEASE OR CON	DITION GIVEN	IN PART 110	
I RECO		TIFICAT	19a DATE OF OPERATION	19b. CONE	OITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	X	IN CERTIFYIN	G CAUSES	OF DEATH?
DF VITA	physicic physicic physicic rrificate ol-transit tal Hygi		OR CONTRIBUTING CAUSE OF D	DEATH HOUR A	.M. MONTH		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART 1	OR PART 2)	
NO	HYSK Iding Iding Ins ce buric Men	EDIC		21e. PLACE	OF INJURY			CITY OF IC	awc.	COUNTY	STATE
ISI	after the sthe	¥	WHILE NOT WHILE AT WORK	(AT HOME, S	TREET, FACTORY, OFFIC	E, FARM, ETC }	SIREEI				
٥	NDIN I or Use o Health		220.1 certify that (1) (this has	pital) attended t	he deceased from						
			above, (1) (we) (did) (did	nat) view the bod	y after death.			death occurred an the d	ate and hour on		
22a. I certify that (I) (this haspital) attended the deceased from AUGIST 4 1 saw the deceased alive on SEPTEMBER 1 19 86 and that in (my) (aurabove, (I) (we) (did) (did not) view the body after death.  22b. SIGNATURE  22c. A DORESS  M. PIERDINOCK, LCDR, MC, USNR  23a. BURIAL, CREMATION, REMOVAL  23b. DATE  23c. NAME OF CEMETERY OR CREM			ATTENDING	MEDICAL STA	IFF CIAN Z	221. DATE	10+86				
	SPIT od by SNER J be of		22d. PHYSICIAN'S NAME (TYPI	E OR PRINT)			22e ADDRESS NAV	AL HOSPITAL			
	APO FIL								0814 <b>-</b> 501	1	
		. (	SPECIFY)					CITY OR TOWN			
	BP	BU	JRIAL	19/4/8	36	ARLING	GTON NATL.C	EM ARLING	TON AR	LINGT	ON VA.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR W.CLARKE MATTINGLEY, LEONARDTOWN, MD.

ARLINGTON NATL CEN ARLINGTON ARLINGTON

| 250 DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE lia Davidson-Handaus 00-19089

## STATE OF MARYLAND

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PARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CEI	RTI	FICATE	OF	DEATH	

- 1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				REG. NO.	
		EASED NAME FIRST	WIDDLE	1113	LAST	28 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
V	( I TIPE !	LAWRENCE	B	N	14/men. Jr.	9	16 86 3 Am
	3. SEX		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		Mala	CAUCASIAN	MONT	H DAY YEAR	10	MONTHS DAYS HOURS MIN.
		101416	077-10-10-1	- 0	10 -24	62 YRS	V OF DE LYN
100		RTHPLACE (STATE OR FOREIGN )	76. CITIZEN OF WHAT COU	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	I Y OF DEATH
1	Mo	ruland	USA	WIDOWI	ED DIVORCED 💢	14077 901	nery Cor MD.
1	10. CI	Y OR TOWN OF DEATH	1). NAME OF HOSPITAL, N		OR OTHER INSTITUTION	12g USUAL OCCUPATION RO	al 121/ KIND OF BUSINESS OR INDUSTRIBLECTOR
/	Tal	roma Park	Washington Ac		Hasnital	Estate Broken:	Unirook Inc.
-	USUA	L RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)			0,
	13a. S	0 1			13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	
5			gomery Silve	r Spring	YES NO NO	1212 Woodside	Parkway 20910_
H	14 FA	THER'S NAME FIRST A	AIDDLE LA	AST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
-		Lawrence	B. Mala	neu. Sr.	Elsie	Marie.	Caveu
		'AS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIA	L SECURITY NO.	17. INFORMANT SON	ADDRESS 110	
		es, no or unknown) (IF YES, GIVE	WAR OR DATES)	14-0383		Poney Salisbur	
					VENINAS P. MILL	DILLA SULANDUL	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one couse per Fill to Tat.  OBY:	(b) and (c).)	As done	Poin Mallith	BETWEEN ONSET AND DEATH
	1-1	IMMEDIAT	E CAUSE (o)	would	105 ferre	city access o	The state of the s
			DUE TO, OR AS, A CON	SECUTENCE OF	1.1.1.	& The home	
		Conditions, if any, which	6 Lla	ece e	whal	a ray oral	LLV
		gave rise to immediate cause (a), stating the	DUE TO, OR ARACON	secondar or	. /	0 // 0 1	1
		underlying couse lost.	DUE-TO, OR ACCOU	BILL	11111 - 0	udolance	
		DART 2 OFFICE SIGNIES AND C	ONDITIONS CONTRIBUTION	IC TO DEATH OUT	CALOT BELATED TO THE PEDA	MINAL DISEASE OR CONDITION G	INFN IN PART 110
	z	PART Z. CITIER SIGNINGCAINT C	ONDITIONS CONTRIBUTION	NO 30 DEATH BE	J FILL OV	71111 - IVA DA	1110/11/11/11
-	CERTIFICATION	THE STATE OF STREET	CALLON SON	WHICH OPERATION	N WAS DEDSORASED	20g AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
"	S.	1% DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIC	ON WAS PERFORMED		TIFYING CAUSES OF DEATH?
1	E I						YES NO
	E	216. ACCIDENT WAS UNDERLYING	110110 A M 44 MONE	TH DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM )	8 PART I OR PART ?)
1	AL.	OR CONTRIBUTING CAUSE OF DEA	in	19			
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION		COUNTY STATE
	¥	WHILE NOT WHILE	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC )	STREET	CITY OR TOWN	COUNTY STATE
	- 1	AT WORK AT WORK	100 100	· col	12/26 21	3 61/11/20	210
		220.1 certify that (I) (this haspit			- Albah in (mu) (nus) paining	death accurred on the late and h	, 19, that (I) (we) lost
		sow the deceased alive on above, (I) (we) (did) (did not	wew the body after death			deorn occurred on the grote and h	
		226. SIGNATURE	A. O.11	1	DEGREE		22c. DATE SIGNED
		111, 11.00	wifur	7	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	
1		226. PHYSICIAN'S NAME SYNE O	R PRINT)	~	22e. ADDRESS	1 01	1.1
/		MI. H. R.D.	WEYOUT	-	83/ Usi	respecte all	10 5 JA1124
		000		Tan Marie on		In location	Made !
		URIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE	ZIC NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY
	R	stice?	Can 20 1001	hata al	Hamilan	Cilver Custine	Mars to awake of O Bld

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Francis J. Collins, pore Jr. 500 University Blvd. W.

Televis Tall - Daviding Secretar Meterials - Exercy States - Chedrael - Inc.

INTEREST AND ADMINISTRATION OF STREET AND ADMINISTRATION OF STREET

Cover 5 Cover 6. Parament 54. Title Health Cover 5

Yes the TI the Tile Design Pennis P. Heleney Salishuku, Mr. - 21201

Shu dadaanida Blad. M. Sigua Sasing, M. ...

		1.	FOR		DEPARTA		OF MARYLAND	GIENE 8 0 2	6 4	1 6
		11.	STATE REGISTRAR			CERTIFI	CATE OF DEATH	REG. NO.		
10-	17109		CEASED NAME FIRST		MIDDLE	20	ST		DAY YEAR	2b. HOUR
, 0	9 9 9	(TYP)	OR PRINT) NICh	olas	N	IN	archetti	9-1-	86	1:45pm
	OE A	1-55		4. RACE	-	S. DATE O	F BIRTH  DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	ge 4	/	Male	Cauca		5	19 12	TH YRS		
	d 102/20					ALA DOLLE	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY		
	deot	6.3						Montgomery Co		MD.
100	s often	Si	lver Spring	Holy	Cross H	(Ospi		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Builder	E) INDUSTRY	lopment
ND 212	24 hour		TATE _ 13b COU	NTY	134 CITY OF TOW	N I	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 7378 Westlake		
KYL.	1 shin	14 F/	EIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	LAS	ST.
W	p day		John		Marchet		Constanc	e	Favac	cia
ORE,	xecul				166 SOCIAL SECU		17. INFORMANT	ADDRESS		
TIMO	s. Po		NO .		182-10-	6930	Adelaide M	archetti, same	as #	13
	1		PART I. DEATH WAS CAUS	ED BY.	Cons	d (c.)	TWO Hea	of FAILUVE		OUVS
NO S	1 110			DUE TO, O	RAS A CONSEQUI	ENCE OF	-01	Game & NO	Ve	MPO
REST	* ***		Conditions, if ony, which	( b)_(	11/2	10	54600/10	heart DL	> / C	
W. P	that the		couse (a), stating the underlying couse last	DUE TO, O	MA ENSEQU	JS7	ATIC DI	ENO Carcino	n 24	EARS
RDS, 20	equires n signed Then pla r to burn injury, o	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ontributing to	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART 1	0
-	on. hos bee t permit. ene prio	II II I	19a. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	IN CERTIF	S, WERE FINDING CAUSES	NGS USED S OF DEATH?
OF VITA	physici physici rafficote ol-tronsi tol Hygi	, ,	OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH D.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 1	'ART   OR PART 2)	
NO	HYSK nding nis ce buric I Men	EDIC	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY	STATE
ISI	offer the the sthe	×	WHILE NOT WHILE AT WORK	(AT HOME, ST	REEL FACTORY OFFICE, I	FARM ETC.)	318661	, 0/1	81	P
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	Sprito CTO J for of h			of view the body	ester deoth.			death occurred on the date and hou		
	the her DIRE		22b. SIGNATUR	St	uel	A	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	22t DATE	2/86
	HOSPI puned b buld be th the S		Morto	n U	1,5h	apin	S225	PooksH.11	1 Rel:	Bethhu
	Pennsylvania United (A Discounting of the property of the prop		ent 23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE		
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLA DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLA DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLA DIVISION.  100 HYPER ALL DIRECTOR After this certificate has been signed by the hospital or ottending physicion.  100 HYPER ALL DIRECTOR After this certificate has been signed by the control of the british of the bri			4, 19	8g. G		of Heaven	Silver Sprin		ryland
	DHMH - 16 60M 7/84			ct A. P	umphrey				Davidson	Andale.
		7:	557 Wisconsin	n Ave.B	ethesda	,MD 2	20814 PA	SEP 5 1986 guha	han about	3/

(VRA 15, 4)

300 W.

#### STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS MARSO IF UNDER I YEAR 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY MONTH YEAR female. caucasian 1899 Mav 11 To. BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New Jersey United States Montgomery County WIDOWEDE 12ª USUAL OCCUPATION 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Gaithersburg Homemaker Center own home USUAL RESIDENCE LIE NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN Maryland 403 Russell Av. zip 20877 Montgomery Gaithersburg NOX 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE BIDST Skinner William Florence Cox ADDRES: IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Derwood, Md. 20855 W. Marsden, 7708 Yellowstone Way LYES NO OR UNKNOWNS (IF YES GIVE WAR OR DATES) 213 56 7373 no Lerov 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause CERTIFICATION 206 IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 710 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY COUNTY CITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC ) STREET WHILE NOT WHILE AT WORK 220 | certify that (1) (this hospital) attended the deceased from saw the deceased alive on Sept. 7 abave, (I) (well (did nat) view the bady after death and that in (my) (aux) opinion death accurred on the date and have and from the causes stated DEGREE 274 DATE SIGNED ATTENDING MEDICAL STAFF 230 BURIAL, CREMATION, REMOVAL Alexandria, Sep. 28, 1986 Metropolitan Crematory cremation Robert A. Pumphrey Funeral Homes, 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4

Montgomery Av., Rockville, Md.20850

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						CEASED NAME FIRST	^	AIDDLE	(	AST	20 DATE OF DEAT	H MONTH	DAY YEAR	2b HOUR
		ě.	60 th 30		(TYPE	Margare	t	Α.	Me	arshall	Septem	per	1 1986	9:52am
		Ē	0.0		3. SE	Х	4. RACE		5. DATE C		6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
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- 4		2	Hugan	200		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUN	TRY? 8	D NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
_		1	1	W/-/		shinaton D.C.	11 5	. A	WIDOWE		Mo	ontgome	ry	MD.
		1	推	RT.	10. C	ITY OR TOWN OF DEATH	11. NAME OF	IOSPITAL, NI	JRSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCU	PATION	12b. KIND O	F BUSINESS OR
[0]	3		0	40		reaton	2667 ℃6				(TYPE OF WORK FOR MI Beau	tician	Beaut	y Parlor
BALTIMORE, MARYLAND 2120		24 hou	S Ped	15	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COL	or other institution. INTY INTGOMETY	GIVE RESIDENCE 13c. CITY OR Whea	TOWN TOWN	13d. INSIDE CITY LIMITS?	13. STREET ADDRE	ss 4 ZIP COD	ce	20902
YLA		t t	pletely nd 2 she	in i		ATHER'S NAME		LAS		15. MOTHER'S MAIDEN NA			ŁAS	
MAR		» . O	ond	* 7		Robert	MIDDLE		ito	Maraare				ito
RE,		ecute	d Co	00 /		VAS DECEASED EVER IN U.S. A			SECURITY NO.	17. INFORMANT	AC	DRESS	WIL	
NO.		0 ex	Poges	medica	- (	YES, NO OR UNKNOWN) (IF YES, C	IVE WAR OR DATES)	578	-09-614	Jeanne Crow	Idauahter	2629	Сани То	hhaoa
ALT		te to	pers.	å.		18. CAUSE OF DEATH (Enter of	only one couse per					— .·.	BETWEEN	MATE INTERVAL ONSET AND DEATH
ST., B		tific	n po	vent		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)	LIVER	METH	95TA313			1/2	? URS
S		Cer	ding orbo	o tice				P AS A CONS	SEQUENCE OF	0				, ,
STO		eot	ve co	8		Canditions, if any, which	( (b)	13	NOMA	OF RECTO	in		1/2	YRS
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₹.		hot	by t ase r	othe		underlying cause last.	(c)	N AS A COINC	EGOEITCE OI					
DIVISION OF VITAL RECORDS, 201		quires	hen ple to burio	njury, or	Z O	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR C	ONDITION G	IVEN IN PART 1	D ·
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A		E 00	one of the last	24	1 2	21g. ACCIDENT WAS UNDERLYING		FINJURY		21c HOW INJURY OCCUR				
7		A f	H	7		OR CONTRIBUTING CAUSE OF D	EATH		DAY YEAR					
N N		Frd Frd	Merch	1/	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	21e. PLACE	OF INJURY		211 LOCATION				
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ā		Zòò	年 日本	90		22a 1 certify that (I) (this has	nital) attended th	e deceased f	rom ITAV	6 1985	10 SED.	7/	19.86	that (1) (we) last
	_	22	0 at	4 12		sow the deceased alive of	AUG 2	6	0/	nd that in (my) (aur) apinion	death accurred an t	he date and ha	our and from the	couses stated
- (	m	A	SEC.	Ē	1	abave, (I) (we) (did) (did i 22b. SIGNATURE	not) view ye body	atter death.		DEGREE			22c. DATE	SIGNED
	•	0 #	1000	ŝ		Therewood,	alper	10		ATTENDING PHYSICIAN	MEDICAL DIRECTOR   PH	STAFF YSICIAN []	9/2	186
		100	0 5 6 0 5 6	37	1	22d PHYSICIAN'S NAME (TYPE	ORPRING			22e ADDRESS 86	30 FEN	TON	87 #	230
		HO	ould b	180		HUBERT 3	T. ALD	ERT	1.0	Silver	Sorin	& MC	1 20	910
		5.5	543	27		BURIAL, CREMATION, REMOVA	L 23b. DATE		23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	N.	COUNTY	STATE
		BP_		_		2 1 0	Sant	1 108/	Coda	HIPP	Suite	and Du	inno Go	arans Md
	DH	IMH - 1	6 50M 4	4/83	24. F	UNERAL DIRECTOR FACILIA	ris J. Co Pud. W.	Pline	9 7	250 DA		RAR 256 REGIS	TRAPS SIGNAL	VRE
			15, 4)		50	A University R	Pud III	Silve	Spring	Md 20901 S	FP9 198	0 7		

STATE OF MARYLAND

		FOR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 2 6 4 7
- Veca.	1.	STATE REGISTRAR	CERTIFICATE OF DEATH  REG. NO.
9 D U 4		CEASED NAME FIRST ROBE	RT S. MASON Sept. 22 1986 26 HOUR
ge 4 mey	3. SE		1. RACE S. DATE OF BIRTH 6. AGE (INVERS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
1 1 35		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? MARRIED INEVER MARRIED IN NEVER MARRIED IN NE
185	10. C	or town of peath	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION:  120 USUAL OCCUPATION (TYPE OF WOMEN OR MOST OF WORKING LIFE)  121 KIND OF BUSINESS OR (TYPE OF WOMEN OR MOST OF WORKING LIFE)  120 USUAL OCCUPATION (TYPE OF WOMEN OR MOST OF WORKING LIFE)  121 KIND OF BUSINESS OR (TYPE OF WOMEN OR MOST OF WORKING LIFE)
(1)/5	13o.	STATE (IF NURSING HOME C	OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION IN INSIDE CITY LIMITS 130 STREET ADDRESS AND CODE 10874
11/40	14 F/	ATHER'S NAME BERT	MYPLY, MASON 15. MOTHER'S MAIDEN NAME MAIDELE NO LAND LAST
Pog:		VAS DECEASED EVER IN U.S. A. YES, NO RUJKNOWN) (IF YES, G	ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT MASON (Mother Spend AS# 13
uires that the death certifications the other diagram of the other diagram of the other or the only, or other traumatic ever	Z	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0
he low req	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO
SICIAN: TI ng physicia certificate riol-transit ental Hygia frem 18 sh		2 To. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	I 1b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (FINITER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
NG PHYSIC offer this cert os the buriol th and Ment orked or Hen	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21l. LOCATION STREET CITY OR TOWN COUNTY STATE
TENDI fol or OR: A Or use f Heol		saw the deceased give o	pital) attended the degreed from
the horal DIRE etoches to Dept. If Her		224 PHYSICIAN SNAME LIVE	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 9/23/86  120. ADDRESS
O HOSPITA eroined by TO FUNER should be d with the Sto		-	Perrino, M.D. 15 E. Deer Park Dr., Gaithersburg, MI
BP	23a. l	BURIAL, CREMATION, REMOVA	CITY OR TOWN COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		Burial UNERAL DIRECTOR POTSE R. Snowde	246 NI Washington St. PATE FCD BYREGISTRAR 256, REGISTRAR SIGNATURE

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# STATE OF MARYLAND

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nay be page 3	(TYP	CEASED NAME FOR PRINT)			Zoh	n M	10this		20. DATE OF DEATH	9-16	YEAR 26.	540M
f mo ctor. pc	3 SE	$\stackrel{\times}{\cap}_{ale}$	'	4 RACE Whit	:e	MON	7. 24,190	YE AR	AGE (IN YEARS LAST B	YRS.		UNDER 24 HRS OURS MIN.
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AND 21:	13a.	AL RESIDENCE (IF NURSIN STATE Md.	36 COUN Mon	other institution ity transfer transfer to the transfer transfer to the transfer transfer to the transfer transfer to the transfer transfer transfer to the transfer	130 CITY OF ROCK	BEFORE ADMISSION TOWN VILLE	YES Y	Y LIMITS?	701 Maple	ton Driv	e 20850	
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aspital or ectors: A d for use t. of Heal		while NOT WHILE AT WORK  27a   certify that (h) (h) (saw the deceased obove, (l) (we) Idio 22b. SIGNATULE	this hospit	9	- 13	( 2 / -		19 ur) apinion de	, to 9	date and hour o	nd fram the caus	
HOSPITAL Or bined by the FUNERAL DIS vold be detach the State De SORTANT: If It		22d. PHYSICIAN'S NA	OUC 6	1989-5- /	N 30	nes	DEGREE ATT PH	VEIR	MEDICAL STA	Rd.	22c. DATE SIG 9-14. Rocl	-86 Ruille
BP		BURIAL, CREMATION, RI SPECIFY) Buria		236. DATE 9/16/	86		emetery or cr wn Mem.		Rockville	e Maryl	and	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	JNERAL DRYSON V 331 Rockvill	Wheel le Pil	er Fune ke Rocky	ral Ho vile, M	me, Inc. 2085	2		P 1 0 1986		R'S SIGNATURE	

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/0		FOR	DEPARTA	STATE OF MARYLAND STATE OF MARYLAND STATE OF MEALTH AND MENTAL HYG	SIENE 8 6	26421
10000	1.	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
-18688		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ay be age 3 death	1111	JOHN	J MA	FTIMORE	9 15	1986 95 AM
may r, pa	3. SE	X	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
age 4		MALE	CAUCASION	12 29 94	91 YRS.	
2 hodg		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
deat	1	LLINOIS	UNITED STATES	WIDOWED DIVORCED	MONTGOHERY	7.101
the f	1	OCKVILE	(IF NOT IN SUCH FACILITY, GIVE STREET,	G HOME OR OTHER INSTITUTION  ADDRESS)  D NSG CENTER	TYPE OF WORK FOR MOST OF WORKING I	
(6) 45		STATE 136 COUR	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c CITY OR TOW	N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD	211878
	14. F/	THER'S NAME	HOUHAL WHITHEL	15 MOTHER'S MAIDEN NA	ME	
11/53	27	JOHN	J HATIHOI	EF BRIDGET	MIDDLE	ICHOOLEY
1 1 1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		ADDRESS	,,,,,,,
Pogs es	- 1	YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 184-09-	3069		
quires that the death ce signed by the attending hen please remave carb ta burial, cremation, ar ijury, ar ather traumatic	Z	Conditions, if any, which gave rise to immediate cause (oi), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO E	NCE OF DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN PART 1:0
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음교 투분교 문기	CAL	OR CONTRIBUTING CAUSE OF DE		Y YEAR		
	MEDICAL	21d INJURY OCCURRED	218 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F.	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DING PHY or attendi After this e as the bu alth and M marked be	2	AT WORK NOT WHILE		a device of	1 m/ 15	9/
		22a 1 certify that (I) (this hasp	A D ( ) ( )	1-8 KUNKY 19 04	to Copper	, 19 00 , that (1) (we) lost
E & E & B S			ot) view the body after death		death accurred on the date and ha	-
TAL OR A y the has RAL DIRECT detached detached aute Dept.		22b. SIGNATURE	us of Colly	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	SOT 18, 1994
TO HOSPITAL ( TO FUNERAL Should be deta with the State IMPORTANT: If		1220 PHYSICIAN'S NAME (TYPE	ONEY MID	22e ADDRESS 1790	14 GETREIN AVE	0 . 0 - 1
0 # 5 # W W	23a I	BURIAL, CPEMATION, REMOVAL	236. DATE 23c N	JAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP	34 7	TREMBTION	19/16/86 1	EEC REMATORY	WASHING-7	ON D.C.
DHMH - 16 60M 7/B4 (VRA 15, 4)	C	ARTNER-SA	NDISON GAIT	HERS BUT DO SE	P.1 9 1980 RAR LINES	MONING OF THE PARTY OF THE PART

SZPP #355 74 4/4/56 LEECTROMAIONY WASHINGTON DIC.

00 10000	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH	NE 8 6 2 5 4 2 2
00-18898	REGISTRAR		REG. NO.
by be oge 3	1. DECEASED NAME FIRST [TYPE OR PRINT]  THELM;	4 MATTHEMS	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR S
4 may or. pog ofter de	3. SEX 4. RA	D / A - D MONTH DAY YEAR	AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS.
pge pge wirsch	FEMALE	BLACK 6 1 22	O4 YRS.
Merol d	70. BIRTHPLACE (STATE OR FOREIGN 76 C	TIZEN OF WHAT COUNTRY? 8.  MARRIED NEVER MARRIED	BALTIMORE CITY OF COUNTY OF DEATH  MONTGOMERY  MD
de for de		NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION	THE USUA POCCUPATION 126. KIND OF BUSINESS OR
201 Urs oft hy th filled t	SILVER SPRING	HOLY CROSS HOSPITAL	Housewife Industry
24 ho	13a. STATEM 13b CONNTY	1- 11 5	3 & STREET ADDRESS / ZIP GODE, Lane 120904
within within	FATHER'S NAME FIRST MIDDLY	LAST HER'S MAIDEN NAME	11 the character
W. Berger	160 WAS DECEASED EVER IN U.S. ARMED	FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS #
TIMORE,	(YES, NO OPTIMINOWN) (IF YES, GIVE WAR		Atthews (Husband) SAMERS
ficate b	18. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY:	ATUTO UNIA SOUNISA	have stalle Between onset and peath
N SI	IMMEDIATE CA	11	10
PRESTON he death c emove cut motion, at	Canditians, if any, which	th)	10 yrs +
that the a d by the a eose remo	gave rise to immediate	DUE TO, OR AS A CONSEQUENCE OF	0
201 es th ned I pleo urial	PART.2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	NAL DISEASE OR CONDITION GIVEN A PART TIG
RDS,		lateral suno(adia) unta	elin - Diabele mellila
L RECORDS  e low requi nos been sig permit. Thei	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING : :	9b. CONDITION FOR WHICH OF ERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO NO
/III.A	210 ACCIDENT WAS UNDERLYING	16. TIME OF INJURY 21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
Clark Clark of tru	OR CONTRIBUTION CAUSE OF OF ATA	HOUR A.M. MONTH DAY YEAR P.M. 19	
DIVISION OF VIT NG PHYSICIAN: ottending physic tree, this certificat as the buriol-tran th and Mental Hyg orked or literal 8	21d. INJURY OCCURRED	1e PLACE OF INJURY 211 LOCATION	CITY OR TOWN COUNTY STATE
IVIS JG P atter ter the ter the h and rked	WHILE NOT WHILE AT WORK	AT HOME STREET, FACTORY OFFICE, FARM ETC.)  STREET  STREET	
NDIN L D.I L D.I S. M.D.I S. M.D.I S. M.D.I	220.1 certify that (1) (this hospital) o	ttended the deceased fram 7/19 , 1979	, ta 9/22 , 19 8 2, that (1) we) last
ATTEI ATTEI Spita CTOI I for of h	sow the deceased alve an	19 8 ( , and that in (my) (aur) opinion de	eath accurred an the date and hour and from the causes stated
OR A DIRE DORE Dept	22b. 5 (GNA) 10 HT	DEGREE ATTENDING A	PMEDICAL STAFF BATE AGNED
FRAL State	22d PHYSICIAN'S NAME (TYPE (**)	PHYSICIAN IX	DIRECTOR PHYSICIAN
O HOSPITAL efoined by to FUNERAL should be de with the Stoti	GENDE S	1 TATE 1 15620 FOR	in Are Cure God MD
TO H shaul	23a BURIAL, CREMATION, REMOVAL 23	DATE 1230 NAME OF CEMETERY OR CREMATORY	T23d LOCATION
BP	(SPECIFY)	9-26-86 Ash Memorial Cem.	Sandy Spring, Montg. MD
	24 FUNERAL DIRECTOR		REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
DHMH - 16 60M 7/B4	George R. Snowde		23 1986

STATE OF MARYLAND

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-18056	- :	OR STATE REGISTRAR			DEPAR	TMENT OF H	OF MARYL EALTH AND ICATE OF	MENTAL HYGI		6	2	6 .	, 2 3
noy be ridecity (	1. DECE	ASED NAME	Fran	K	O,	Ma	yheu	)	20. DATE OF DEA	IST.	29	YEAR 1986 INDER I YEAR	2b. HOUR 1402PM
9 4 mc 30r, p	3. SEX	Male		4. RACE Whi.	te	S. DATE C		1909		77	YRS.	INS DAYS	HOURS MIN.
reart. Po		JNTRY)	a .	76. CITIZEN OF W		MARRIEI WIDOWE		MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH  Montgomery MD.				
of the factor of		or town of	FDEATH	SHADY	OSPITAL, NURS	ELADDRESSI ADV	ENTI	ST	126. USUAL OCC (1YPE OF WORK FOR Ret'd Ma	UPATION MOST OF WORK <b>achini</b>		of Cor	
MARYLAND 2120 red within 24 hours on 8, a mouth from exame reliable in	I3a ST		13b COUP		GIVE RESIDENCE BEFORE  13c. CITY OR TO  Gaither  LAST	WN	YES X	CITY LIMITS? NO   "S MAIDEN NAM			O/6	#200	377
ORE, MAR		Ira	EVER IN U.S. AR	M.	Mayhe 165 SOCIAL SEC	The second secon	Lu 17. INFORM	cretia ANT	Garf:	ield Ridge		Clar	
BALTIMORE, icote be executivity sicion and colopers. Page 1 avoil.		No		nly one couse per l	234-03		Wm. R	. Mayher	Green	belt,	Md.		MATE INTERVAL
iquires that the death cer signed by the attending Fren please remove corbo to burial, cremation, or re njury, or other froumatic			immediate stating the couse lost	(b)	AS ACONSEO AS ACONSEO NTRIBUTING TO	UENCE OF	Certic NOT RELATE	210-	NAL DISEASE OR	CONDITIO	n GIVEN	IN PART 10	RI S
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir offer this certificate been sig os the busici-tronsit permit. Then th and Mental Hygiene prior to b orked or trem 18 those prior to b	CERTIFICATION	DATE OF OF	PERATION	19b. CONDIT	ION FOR WHIC	H OPERATIO	WAS PERF	ORMED	200 AUTOPSY	INC		VERE FINDIN	
ON OF VITA IYSICIAN: TI ding physicis s certificate buriol-tronsi Mentol Hygi		OR CONTRIBUTING	AS UNDERLYING C CAUSE OF DEAY MEDICAL EXAMINER	HOUR A.N	A. MONTH	DAY YEAR	21c. HOW II	NJURY OCCURR	D (ENTER NATURE	OF INJURY IN IT	EM 18 PART	OR PART 2)	
DIVISION DING PHYS or ottendin After this of te os the bun olth and Ma	AR A	WHILE NORK	CURRED	21e. PLACE O	OF INJURY ET, FACTORY, OFFICE	E, FARM, ETC }	211 LOCAT	ION ET	CIT	Y OR TOWN		COUNTY	STATE
TTENDI pritol or TOR: A for use of Heol	2			ot) view the body o		~	d that in (my	r) (our) opinion d	, to eath occurred on	the date on	, 19. nd hour or		hot (I) (we) lost ouses stated
by the hos by the hos IERAL DIREC Stote Dept.	1	Th SIGRATUR		dum	~		DEGREE		MEDICAL DIRECTOR   P	STAFF PHYSICIAN [		22c. FATE S	SIGNED
TO HOSPITAL retoined by th. TO FUNERAL should be deto with the Store!		14. PHYSICHAN	S NAME TYPE C	() 100m	is Riego	non	22e ADDRE		DY GLOVE	00	Rich	ville	Nes
o HO Should Find MAPON			10				1 3	0 = 7 0()7	14 0000	400/	1 000	011	

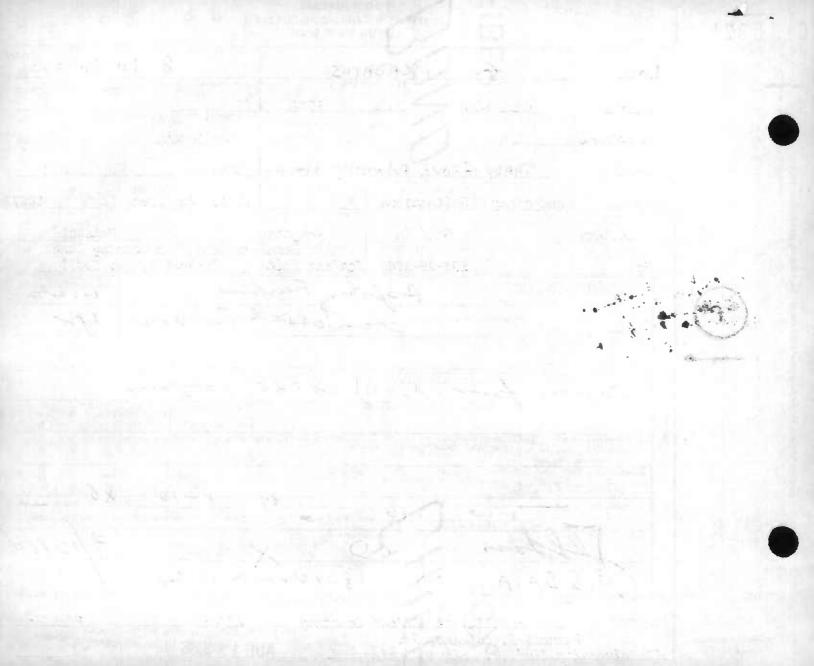
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	11.	FOR STATE		DEPARTMENT OF HEALTH AND MENTAL H  CERTIFICATE OF DEATH						TYGIENE O O Z O 4 Z 4				
10-15557	Ľ	REGISTRAR			CERTIF	CALLOF	DEATH		REG. NO.			1		
	1. DE	CEASED NAME FIR	ST	MIDDLE	11	CT.	- 1	2a DATE O	FDEATH MO	NTH DAY		2b HOUR		
noy be		JEAN	S		M	44HL	EW		GUST	9	1986	1800 PM		
	3. SE		4 RACE		5. DATE O		YEAR	6. AGE IN	YEARS LAST BIRTHDA	_	UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.		
oge 4 rectar		Female		rte	Jan	. 15	1906		80					
7 20 H. P.		IRTHPLACE (STATE OR FOREK			RY? 8. MARRIE	NEVER	MARRIED -	9 BALTIMO	ORE CITY OR					
deot deot		W. Va.	U.S.		WIDOWE		IVORCED [	40		Mon	tgomer	y MD.		
- 4 4 5 DC	10 C	ITY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NUK HEACILITY, GIVE STI		R OTHER INS	/ //		OCCUPATION RK FOR MOST OF W	ORKING LIFE)	INDUSTRY	Prince		
i à i d		Rockville	SHADY	GROVE	- HOLUZ	Wtis1	- HOSPIHA	Ret!	d Murse		Geo.	Hospital		
7 1 2 2 X	130.		COUNTY	13c. CITY OR T	OWN 1	13d. INSIDE C	CITY LIMITS?		ADDRESS / Z			207/1		
should b			ontgomery	Gaithe	rsburg	YES X	NO 🗌		Russel	L Ave.	#208	100		
To Te	14, F.	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER	'S MAIDEN NAM	NE.	MIDDLE		LAS			
E 0 0 0 X		Steven	S.	Smit			aud		M ADDRESS		Mixe	r		
BALTIMORE, one be execut sicion and co spers. Pages 1 vol.  1, the medical			VES, GIVE WAR OR DATES)	166. SOCIAL SI		17 INFORM			65 C F	ti dge	Road.			
TIM be on o s. Po		No	-	577-4	2-7328	Willi	am R. M.	ayhew	Green	eltk_	Md	20770		
BALTI cote b hysicia popers. avol.		18 CAUSE OF DEATH (EG	nter only one couse per	( )							BETWEEN	MATE INTERVAL ONSET AND DEATH		
1 ST., B.			AEDIATE CAUSE (o)	The	3ump1	1MS					5	clays.		
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RESTON death ce tatendin nove carb ation, or traumatic		Conditions, if ony, wh		Yul	Mone	lry t	120021	501	esp. to	riluse	5	WKS		
			the DUE TO, OF	R AS A CONSE	QUENCE OF				,					
s that the ed by the soleose rerial crem		underlying couse lo	ost (c)											
0 2 2 3	1-	PART 2. OTHER SIGNIFIC	ANT CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEAS	E OR CONDIT	ION GIVEN	IN PART 1	a		
ORD requ	١٥	Diabetes	mellitis		emia									
O B O B O O	CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	ITION FOR WH	ICH OPERATION	WAS PERFO	DRMED	20e AUT			WERE FINDING CAUSES	NGS USED S OF DEATH?		
VITAL RE IC Nysicion. Icote hos roasit per Hygiene Bs shows	T E							YES 🗌	NO	YES		но 🗌		
SICIAN: Thing physicio certificate I ricol-tronsit ental Hygie ental Hygie frem 18 sho		71a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE	LICIUD A		DAY YEAR	21c HOW I	NJURY OCCURE	RED (ENTERN	ATURE OF INJURY IN	HEM 18 PART	1 OR PART 2)			
ON OF VIII	CAL	(IF EITHER, NOTIFY MEDICALE)	(AMINER) P.		19									
PHY this the bund W	MEDICAL	71d. INJURY OCCURRED	21e. PLACE (	OF INJURY REET, FACTORY, OFF	ICE, FARM, ETC.)	21f LOCATI			CITY OR TOWN		COUNTY	STATE		
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-18208	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REGISTRAR  REG. NO.	6 - 20
iter death. Page 4 may be he funeral director page 3	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH (TYPE OR PRINT)  **RATHRYN A.** MCASKILL 9/12/86 09  3. SEX 4 RACE 5. DATE OF BIRTH DAY YEAR 3 3 YRS.  **TO BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEVER MARRIED NOT DIVORCED NOT MONTH OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION HOLD NOT COUNTRY 110. SUCH ACCUPATION 1120. USUAL OCCUPATION 1179 COF WORK FOR MOST OF WORKING IN THE PROPERTY OF WORK FOR MOST OF WORKING IN THE PROPERTY OF WORK FOR MOST OF WORKING IN THE PROPERTY OF WORK FOR MOST OF WORKING IN THE PROPERTY OF WORK FOR MOST OF WORKING IN THE PROPERTY OF WORK FOR MOST OF WORKING IN THE PROPERTY OF WORK FOR MOST OF WORKING IN THE PROPERTY OF WORK FOR MOST OF WORKING IN THE PROPERTY OF WORK FOR MOST OF WORKING IN THE PROPERTY OF WORK FOR MOST OF WORKING IN THE PROPERTY OF WORK FOR MOST OF WORKING IN THE PROPERTY OF WORK FOR MOST OF WORKING IN THE PROPERTY OF WORK FOR MOST OF WORKING IN THE PROPERTY OF WORK FOR MOST OF WORKING IN THE PROPERTY OF WORK FOR MOST OF WORKING IN THE PROPERTY OF WORK FOR MOST OF WORKING IN THE PROPERTY OF WORK FOR MOST OF WORKING IN THE PROPERTY OF WORK FOR MOST OF WORK F	MD.
red within 24 hours of completely filled in by the factor of completely filled in by the factor of found 2 should be filled established.	USUAL RESIDENCE (IF NURSING HOME OTHER INSTITUTION), GIVE RESIDENCE BEFORE ADMISSION)  130. STATE Md.  131. GOUNTY Montgomery  132. GYORTVILLE 133. INSIDE CITY LIMITS? YES NO []  134. FATHER'S NAME FIRST  Patrick  Dillon  Kathryn	Bethlem. Steel
101 W. PRESTON ST., BALTIMORE in the deoth certificate be executed by the ottending physician and colease remove carbon popers. Pages rial, cremation, or removal.	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DAIES)   17. INFORMANT   ADDRESS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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TO HOSPITAL OR ATTENDING retoined by the hospital or TO FUNERAL DIRECTOR. A should be detached for use, with the Stote Dept. of Heolt MPORTANT. If them 21 is mm	22a. PHYSICIAN SNAME (IYPE OR PRINT)  23a. BURIAL, CREMATION, REMOVAL 23b. DATE SPECIFY  23c. NAME OF CEMETERY OR CREMATORY  SPECIFY  23c. NAME OF CEMETERY OR CREMATORY  SPECIFY  SPECIFY  Sow the deceased live on obove, (1) well did not view the body ofter death.  19	19, thor(1)(we) last or and from the couses stated  22c. DATE SIGNED  9/12/86  12 Chose Ma
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Hardware 13e.STREET ADDRESS / ZIP CODE Neeld Estate/ 20639 LAST ADD Neal Drive William Dennis McDermott Rockville, Md. 20850 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Immediate Arteriosclerotic vascular disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (our) opinian death occurred an the date and hour and fram the causes stated 22c DATE SIGNED September 1986 ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINTIL 22e ADDRESS 20902 Walter E. Goozh, M.D. 2309 Shorefield Road, Wheaton, MD 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23e. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial Sept. 15, 1986 Rockville Cemetery Rockville Montgomery Maryland 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, 300 W. Montgomery Ave. Rockville, Md. www. was donners

STATE OF MARYLAND

1986

INDUSTRY

12b. KIND OF BUSINESS OR

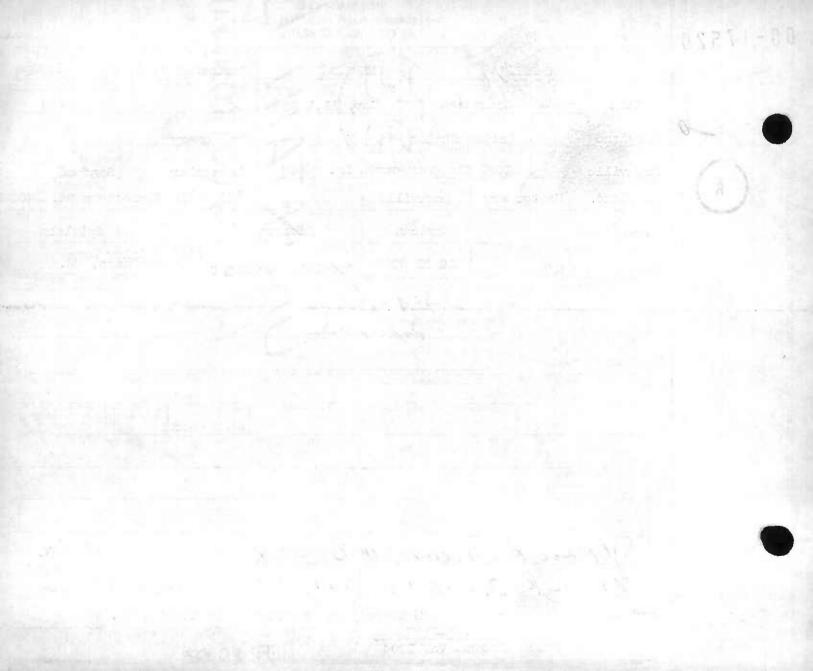
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10	à T		ETHESDA	NAVAL HOSPITAL			GOVERNMENT			
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours oftending physician.	ronsi Hygi 18 sh	7 8	210. ACCIDENT WAS UNDERLYING	LIGHT A MA MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I O	R PART 2)	
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OR AT	ched ched ched lept.		27 PENATURE	75	7	DEGREE			22c DATE S	SIGNED
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21201	291997	13a. 51		1136 COUNTY		13c. CITY OR TOWN	1 3	13d. INSIDE CITY LIMITS?	130. STREET ADI	DRESS		20879
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# ;	- 50261	1	HER'S NAME		IDDLE	Mende		15. MOTHER'S MAIDE Asund		MIDDLE	(Unkr	.AST
ORE	30 ₹ 6		Alejandro		EORCES2	166. SOCIAL SECUI		17 INFORMANT	31011	T. avodenses	svillve, N	
WIL.	TARE /	(YES	NO UNKNOWN)	(IF YES, GIVE WAR		None		Maximo Pi	erola 59	24 Griffi	ith Rd.	14.20013
3	22 TAN		B CALIFFORDEA	T11/F-1	1: 1	4 3 4 3 14 13					I AP	PROXIMATE INTERVAL
15	S S S S S S S S S S S S S S S S S S S	7	PART I DEATH V	WAS CAUSED BY	1.	or (a), (b), and (c).)  ARD 10 R	AND DIE	10000	CALUR	5 Cun	DURAL	VEEN ONSET AND DEATH
NO :	SER SER	1	4804	IMMEDIATE C		S A CONSEQUENCE		atory 1	- MUNICIA	208	DUNAL	10-1244
RES	ENCE AND THE		Conditions, if			rail	Dow.	U ST	DP C			15 HVC
. X	OR A TRA		gove rise to cause (a) statin		DUE TO, OR A	S A CONSEQUENCE		0	21.5			13 N 13
201	N. A. A. A.		lying couse last	<u>1.</u>	(6)							
8	ANGARAGE	1	PART 2 DTHER SIGNIFICA	NT CONDITIONS CONT	TRIBUTING TO DEATH BU	IT NOT RELATED TO THE T	ERMINAL DISEASI	OR CONDITION GIVEN IN PA	RT 1 rais:			
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	THE SERVICE	1	190. DATE OF OPER	ATION		ON FOR WHICH OF	ERATION W	AS PERFORMED?			20 A	UTOPSY?
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OF V	MEN SECOND	1.65	In EXTERNAL CAL		216. TIME OF		21c. HC	W INJURY OCCURRE	D (ENTER NATURE O	F INJURY IN ITEM 18 F	PART 1 OR PART 2)	
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	C STRW	1		t I taak charae o'	f the remains descr	ibed above, held a	Autap	y , Inspectio	n D, Inqu	iry an	d in my opinian	
	SERVICE S	1	death resulted fro			Accident [	Suicide	Homicide .	Undetermined		, , , , , , , , , ,	
	A MARIE B			1	001	1	•	TITNE (SPECIFY)				1.0100
	# 2 Z E 4		IGNATURE	Ши	delle	wills		DEPT.	MEDICAL EX	AMINER	DATE SIGNED	110/86
	SEAT SEATON	1			d	/ 11/		0	le L	1	D ?	208ty
	* GW E KS		XAMINER'S NAMI	TRAN	45 6	MAYL	5	ADDRESS 200	NISCONS	cult	158711	5504 M
	BASABAS -	23e. BU	RIAL, CREMATION,	REMOVAL 236	DATE	23c. NAME OF	CEMETERY O	R CREMATORY	23d LOCATIO	N	TAT COUNTY -	STATE
(07/84	BP		Burial		9/13/86			morial Par			Marylan	lu
25M	DHMH - 17	24 FUI	NERAL DIRECTOR	Tyson W	heelensF	uneral Ho le, Maryla	me, Inc	25e. DATE			STRAR'S SIGNAT	h am a .
(	VR A15 ME (5))	13	31 Rockvi	lle Pike	, Rockvill	le, Maryla	nd 208	52 5	EP.1.719	86	devident-	pendane

00-18287 JOHN -- STANK Aleatoonery curty Cetty College Parker Total Lotter to the College Parker Total 



Home

(VRA 15, 4)

STATE OF MARYLAND

14.00		FOR	DEB		E UF MAKTLAN		6 6	2	6 4	3 0
0000	1.	STATE REGISTRAR	DEP		ICATE OF DEA				/	
18608	1. DE	EASED NAME FIRST	WIDDLE		LAST		REG. NO 2a. DATE OF DEATH	). MONTH DAY	YEAR 2	26 HOUR
6 F		ORPRINT) ROSE	5 1	ILLER				9 1	86	1052
page 3	3. SE		4. RACE	5. DATE O			6. AGE (IN YEARS LAST BIRT	HDAY) IF		IF UNDER 24 HRS
rs afte		FEMALE	Caucuskan	MONTH		YEAR O8	77	YRS.	NIHS DAYS	HOURS MIN.
P din		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	ITRY? 8.	D NEVER MA	PRIED [	9 BALTIMORE CITY O	COUNTYO	FDEATH	
in 72	L R	ussia	U.S.A.	WIDOWI	DNO	RCED [	Mon toom	ery C	ourte	/ MD
17	100	VER SPRING	11. NAME OF HOSPITAL, NI	STREET DORESS)	1 1	UTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Homemake	WORKING LIFE	12b. KIND OF E	BUSINESS OR
		AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSIONI	1001					20902
35	13a S	TATE 136 COUN	gomery Sil.	Spg.	134. INSIDE CITY	LIMITS?	13. STREET ADDRESS /	zip CODE ntice	110 Av	20902 ve.
720	-	THER'S NAME			15. MOTHER'S M	AAIDEN NAM	\E			
30		Gdalia	MIDDLE LAS	rdlow	Cha		WIDDIE	K	atcher	2
	Ióa V	VAS DECEASED EVER IN U.S. AR		SECURITY NO.	17. INFORMANT		SiTVE	r Spri	ng, Md.	
[ ]	(	VES. NO OR UNKNOWN) (IF YES, GIVE	382-2	0-2670	Gloria	Wacker	rnah; 11303	Monti	cello A	venue
T = 1		18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE)	ly one couse per line fol (a), (	p), and Ic D		\		4-10		ATE INTERVAL
~			D BY:	de D	read G	aucer	_			
or re		MMEDIA	DUE TO, OR AS A CONS	EQUENCE OF						
atian, ar re troumatic e		Conditions, if any, which	( 1b)	JEGOETACE OF						
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF						
l, crem		underlying couse lost.	(6)	JE GOETTEE OT						
ia burio ijury, ar	z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO	O THE TERMI	NAL DISEASE OR CON	ITION GIVEN	IN PART Ito	
	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORM	MED	20a AUTOPSY?	206. IF YES, V	WERE FINDING	GS USED
the burial-transit permit. and Mental Hygiene prior ced or Item 18 shows any i	문						YES NOXX	IN CERTIFYII	NG CAUSES O	OF DEATH?
Hygie 8 sho	H	21a. ACCIDENT WAS UNDERLYING			21c. HOW INJU	JRY OCCURRI	ED (ENTER NATURE OF INJUR			
2		OR CONTRIBUTING CAUSE OF DEA	1	DAY YEAR						
E	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e. PLACE OF INJURY	(15.5)	211 LOCATION	1			COUNTY	
ed	×	WHILE NOT WHILE TO	(AT HOME, STREET, FACTORY, O	FFICE, FARM, ET	STREET	0.	City OR TO	VN	O .	STATE
marked		22a.1 certify that (I) (this haspi	tal) attached the deceased f	3/2	-	100	9/6	10	86 1	not (I) (we) lost
21 is mark		sow the deceased alive on	9/5		nd that in (my) (o	ur) opinion d	eath occurred on the do	te and hour a		
o t. o		22b. SIGNATURE	t) view the body after death.		DEGREE				22c. DATE S	
te Der		Market			ATT	ENDING Y	MEDICAL STAF	FIAN	9/1	6/86
shauld be deta with the State [ IMPORTANT: #		224 MYSICIAN'S NAME LYPE O	FUG MD		DADDRESS S	eores	a Au S	She	Sun	her
\$ 3 ≥ 7	23o. I	BURIAL, CREMATION, REMOVAL			EMETERY O	-	234 DECATION			STATE
		Burial	9-7-1986		Memorial		ens Olney,	Maryla	and	STATE
OM 7/B4		uneral director nzansky-Goldber	Rock	ville, N	Maryland	25a. DATE	REC'D. BY REGISTRAR			RE
15, 4)	Da	nzansky-Goldber	g Chapels: 11	70 Rocks	rille Pik	SOLL	10 1986 4	dia Deri	doon Pand	lace

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00-19580

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

ö	6		2	6	Sing	3	(Cro-)
	REG. N	10.					
TE OF D	DEATH	MONTH	DAY		YEAR	26 HOL	JR
		9 -	24	-	86	09	DOM
(IN YEA	ARS LAST 8	RTHDAY)	IF U	NDER	1 YEAR	IF UNDER	24 HRS
5	7	VAC	MON	THS:	DAYS	HOURS	MIN.

Μ. MONTH emale

6 AGE

9 BALTIMORE CITY OR COUNTY OF DEATH

7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY New York 10, CITY OR TOWN OF DEATH

United States WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Washington Adventist Hospital

DIVORCED

Montgomery County 12g. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife

13e.STREET ADDRESS / ZIP CODE

12b. KIND OF BUSINESS OR INDUSTRY Own home

Takoma Park USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE

Marvland

14 FATHER'S NAME

CERTIFICATION

MEDICAL

FOR

REGISTRAR 1. DECEASED NAME

1 - STATE

136 COUNTY Montgomery

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)

IMMEDIATE CAUSE (o.

Philip

13c. CITY OR TOWN Takoma Park

13d. INSIDE CITY LIMITS? YES X NO [ 15. MOTHER'S MAIDEN NAME

Teresa

HEPATO RENAL SYNDROME

216 Hodges Lane 20912 MIDDLE

Louis

delMoral 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO

7b. CITIZEN OF WHAT COUNTRY

17. INFORMANT

2a DA

(Unavailable)

(YES, NO OR UNKNOWN) No

PART I. DEATH WAS CAUSED BY:

578-60-5256

DUE TO, OR AS A CONSEQUENCE OF

John J. Millett,

Same as 9

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.

19a DATE OF OPERATION

DUE TO: OR AS A CONSEQUENCE OF

CHRONIC ETHANOLISM

LAENNECS CIRRHOSIS

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER NOTIFY MEDICAL EXAMINER)

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

NON 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21d INJURY OCCURRED

P.M 21e. PLACE OF INJURY

211 LOCATION

20a AUTOPSY?

WHILE ON NOT WHILE 22a.1 certify that (I) (this haspital) attended the deceased from,

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

JAN

19b CONDITION FOR WHICH OPERATION WAS PERFORMED

COUNTY CITY OF TOWN STATE 19.86

sow the deceased alive on 23 SEPT above, (1) (we) (did not) view the body after death

(SPECIFY)

DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN

24 SEPT

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

STATE

11120 NEW HAMPSHIRE AVE. SILVER SPRING M.D.

ld be deto the Stote [

morked

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL 23b. DATE 9-25-86 Burial

23c. NAME OF CEMETERY OR CREMATORY George Washington Cemetery

CITY OF TOWN Adelphi,

COUNTY Maryland

Richard Rapp, Inc 24 FUNERAL DIRECTOR Washington, DC Street, NW, 20009 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

The area &

187

PROMOTOR - PERSON SINCEPH

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00-	1.9451	1.	FOR STATE REGISTRAR		DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE 8 6	26	4 3 5
4 moy be	or. page 3 offer death		CEASED NAME OR PRINTI	VI CL 4 RACE	H n	S. DATE O	MAN FBIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	DAY YEAR  15 UNDE MONTHS DAYS	
deoth. Poge	funeral direct		RTHPLACE (STATE OR FOR COUNTRY OR TOWN OF DEAT	US		WIDOWEI		9 BALTIMORE CITY OR CO	RY COUNTY	MD.
21201 hours offer	be filed w	2	LUCK SOR AL RESIDENCE IN JURSIN MARYLAND	ing 402	UCHIFACILITY, GIVE STRE	SS H	OSPITAL	126. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK MERCHANT	RETA	AIL.
AARYLAND d within 24	npletely filler and 2 should xomine only	14 F/	MARYLAND ATHER'S NAME JOSEPH	WIDDLE	SILVER C	SPRING	13d INSIDE CITY LIMITS? YES AND 15. MOTHER'S MAIDEN NAM		EST RD.	#20906
LTIMORE, A  be execute	icion ond con rers. Poges 1-6 11. The medicale	16a \	NO	(IF YES, GIVE WAR OR DATES)	218-32	-4053	17. INFORMANT DR. 2322 SUGARO	JULES MÎLLMÂN ONE RD. BALT	O., MD	21209 DXMATE INTERVAL N ONSET AND GEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  BING PHYSICIAN. The low requires that the death certificate be executed within 24 hours.	n signed by the ottending physi Then please remove carbonopop 10 buriol, cremation, or removo injury, or other troumotic event,	NO	Conditions, if ony, gave rise to imme couse (a), stating underlying couse	which (b). Idiote the lost.  CC DUE TO,  CC DEFICANT CONDITIONS	OR AS A CONSEG	DUENCE OF DUENCE OF		/ /		lio:
PHYSICIAN: The low r	ing physicion. certificate has bee urial-transit permit. Aental Hygiene prior I tem 8 shows any	MEDICAL CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDER OR CONTRIBUTING CAR (IF EITHER NOTHEY MEDICA	ON 19b, CON RLYING 21b, TIME USE OF DEATH L EXAMINER)	OF INJURY A.M. MONTH P.M.	CH OPERATION	NWAS PERFORMED  21c. HOW INJURY OCCURR  21c. LOCATION	20g AUTOPSY? 20b. IN C YES NO ENTER NATURE OF INJURY IN ITE	IF YES, WERE FIND ERTIFYING CAUSE YES EM 1B PART I OR PART 2)	NO [
PITAL OR ATTEND	retained by the haspital or ortenative.  TO FUNERAL DIRECTOR: After this should be detached for use as the but with the State Dept of Health and Management. If them 21 is marked or	MED	WHILE NOT WHILE AT WORK  27a. I certify that (I) (1 saw the deceased obove, (I) (we) (dig 27b SIGNATURE)  27d PHYSICIAN'S NAM	his hospital) attended alive an 9-2 (Alive an 1) (did not) view the box	Sar	36 , an	d that in (my) (got) apinion of	city or town  . to  death accurred on the date an  MEDICAL STAFF DIRECTOR PHYSICIAN C	d hour and from th	-23-86
2	D		BURIAL, CREMATION, RI (SPECIFY) BURIAL UNERAL DIRECTOR C		25,1986	HEBREW	METERY OR CREMATORY FRIENDSHIP	23d. LOCATION CITY BALTIMOR E REC'D. BY REGISTRAR 25b. RI	E COUNTMAK	RYLAND
DAN	(VRA 15, 4)		SOLO RETSTE				215	D 2 0 1986	100 1 to 200 00	- Justin Station

DE 17695	1.	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SENE 6 6	2 5	-, 5 6	>
0 11000		CEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR	Λ
nay be page 3 sr death		- ONT KINTY	JAMES DA	AVID MINT	ON		AUGUST		11:55	M
	3 SE	Х	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER	TYEAR IF UNDER 24 HRS DAYS HOURS MIN.	
9 11 1	_	MALE	CAUCAS		SEPT	TEMBER 16 1973	12	YRS		_
2 49 46	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	D NEVER MARRIED X	9. BALTIMORE CITY C	R COUNTY OF DEA	JH	
1 10 /0 /	Section 1	GEORGIA	UNITED		WIDOWE			GOMERY	M M	
	1	SETHESDA	(IF NOT IN SUC	NAVAL HOS	ADDRESS) PITAL	OR OTHER INSTITUTION	170. USUAL OCCUPAT (TYPE OF WORK FOR MOST O STUDENT		(IND OF BUSINESS OF JSTRY	K
BALTIMORE, MARYLAND 2120 cote be executed within 24-mm vsician and completely filled may volve. vol. it, the medicel exempte must be a	VII	AL RESIDENCE (IF NURSING HOME STATE 136, CC RGINIA FA	OR OTHER INSTITUTION UNITY  IRFAX	GIVE RESIDENCE BEFORE  13c. CITY OR TOW  ALEXAND	N	13d. INSIDE CITY LIMITS?  YES NO X	13e STREET ADDRESS 5728 CANN		99999	1
ARY 42 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1	FIRST	MIDDLE	LAST		FIRST	MIDDLE	NITS TO SUPERIOR	LAST	
Composition of the composition o	160	DAVID SC		166. SOCIAL SECU	IRITY NO.	17. INFORMANT	RA JEAN POI			_
im and in and in and in and ic medic			GIVE WAR OR DATES)	225-29-		DAVID S.MINTO	ON,5728 CAN			
W. PRESTON ST., not the death certificant the attending phesse remove carbon py, cremation, ar rema		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAL IMMED  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, C		DIAL :	INFARCTION		BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH	_
, c	NOIL					NOT RELATED TO THE TERM				
NI RECOR	CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NOX	206. IF YES, WERE IN CERTIFYING C YES [	AUSES OF DEATH?	
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir attending physician. After this certificate has been sig as the buriof-transit permit. Ther th and Mental Hygiene prior to b arked ar Item 18 stows any injur		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A	DF INJURY .m. MONTH D .m.	AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	ury in ITEM 18 PART I OR P	ART 2)	
DING PHYSIC or attending or attending After this ce is as the buria oith and Ment marked ar Iter	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE	FARM, ETC )	21f LOCATION STREET	CITY OR TO	OWN COU	INTY STATE	
L OR ATTENDI the hospital on L DIRECTOR: L DORECTOR: L		220.1 certify that (I) (this has sow the deceased alive obove, in well did i did 17th 510M 3 CRE	on AUGUST	1 23		ADDDEEC	MEDICAL STA DIRECTOR   PHYSI	22y	, that (I) (we) la om the couses stated DATE SIGNED	st - 286
O HOSPITAL etained by 11 TO FUNERAL should be det with the State MPORTANT:		B. G. ORR, L	/	SNR		NAVAI	L HOSPITAL ESDA, MARYL	AND 20814-	3011	
Do Fig 7	23a.	BURIAL, CREMATION, REMOV	AL 236 DATE	23c.	NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNT	Y STATE	
44488447		BURIAL	8/27/8	86 N	ATION	AL CEMETERY	ARLINGT		VIRGINIA	_
DHMH - 15 00M 2/84		UNERAL DIRECTOR NAME EMAINE FUNERAL	TIONEC	ADDRESS	MDDTZ		E REC'D. BY REGISTRAN	relia Davidse		4
(VRA 15, 4)	D.	EMAINE FUNERAL	HUMES,	LINC ALEXA	MDKTA	, VIRGINIA AU	0 2 8 1300	Transport transport	-Nathern	-

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0 = 1 (	0020	100	REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  FIRST  MIDDLE  LAST  19 DATE MIDDLE  LOST													
			HE OX PRINT)			Model			Crist.	Tee		OF ESTI	- 36	ONTH DA		26 HOUR
	ESESS	1.50		4 RACE	Ayton  S. DATE OF BIRTH  6. AGE (IN YEARS)				Morgan, Jr. DEATH MATED				8 1'		M	
	N. PLEAS NO. PLEAS NO. PLEAS N. STREE	3.50	Male	Black	4 8	DAY YEA	AGE (IN Y	MON (YA	THS DAYS	HOURS		PRONOUNCED DEAD	MO	8 1		1.0:48 a M
	AN AN AN	7 to 1	URTHPLACE OF			OF WHAT CO		12			-57	9 BALTIMORE	ITY OR CO			I a M
	NECESSA FUNEBAL S FOR Y WITHIN	13	OR PHI COUNTER		U.S.				RIED   NE	VER MARR DIVORC		Monta	omerv	Cour	1+17	110
_	BHES.	111.2	ITY OR TOWN	OF DEATH	11. NAME C	OF HOSPITAL,	NURSING HOM				12a. USU	AL OCCUPATIO	N (TYPE OF W	ORK 12b	KIND OF BU	ISINESS
1	A SERVICE	1	Silver	Spring			ve street address) O Avenu	e (	rear o	f)	FOR M	OST OF WORKING LIF	E)		OR INDUSTI	RΥ
15	SEASS.		AL RESIDENCE	ANCO SELL	OR OTHER INSTITU	ITION, GIVE RESIDE	NCE BEFORE ADMISS	ION)	13d INSIDE C	ITY ( IMITC)	II2a STDE	ET ADDRESS		0	CHIC	20
18	SAME I	1	Wash., I				shingto	on	YES 🗌	NO 🗆	13e SIKE	918 "N'	" St.	. N.W	.2006	7
1 118	100000	_	ATHER'S NAME		AIDDI F		LAST		15. MOTH	R'S MAIDI	ENNAME	MIDDLE			CAST	
Pa	18 5 5 V				MIDDEL		th31			TRS1		MIDDLE			CMIII.	
100	AFTER PARTIES IN FORM	16a.	WAS DECEASED	DEVER IN U.S. AR	MED FORCES	? 16b. S	OCIAL SECURI	Y NO.	17. INFOR	TNAM		ADI	DRESS	-		
ALTIN	AST AST		Unkn.			24	19-18-51	.66						/36.		
13	WIT P		18 CAUSE O	F DEATH (Enter on	nly one cause	per line for (a),	(b), and (c).)							BI	APPROXIMATE	INTERVAL
2	ALENA MARKET		IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease										THE DEATH			
PRESTON ST	NOV PACE AND A STATE OF THE STA		DUE TO, OR AS A CONSEQUENCE OF													
8				m, if any, which to immediate												
3	WENT WENT			stating the under-	5		ONSEQUENCE	OF							- /	
28	NAME OF STREET	100			(c)											
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(VR A15 ME (5)) 415 E. Wilson Blvd., Hagerstown, Maryland 21740 SFP 18 1086		1 .		NAME		ADDRESS		and 2		1 8 1006	A 8.20	Davidson.	_Nond	in.	•		

best full about the House

6	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL F CATE OF DEATH	IYGIENE	S S	40.	2 6	- 40
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BP	E	BURIAL, CREMATI (SPECIFY) BURIAL UNERAL DIRECTO		Sept. 4	1986 Fo	rt. Lin	coln Cemete	ry Br	OCATION CITY OF TOWN  BY REGISTRA	d Prin	COUNTY  COUNTY  COUNTY	rges Md.
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Francis . Continue In.
500 Unimediation Block. W. Silver Spring, Ud.

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0 0 0 0 4 W	_	MORRILL C.	QUINNAN.					
at	23a	BURIAL, CREMATION, REMOVAL	23h DATE	23 NAME OF CEMETERY OR	CREMATORY 23	CITY OR TOWN	COUNTY	1 -20STATED
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7517	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF I	E OF MARYLAND BEALTH AND MENTAL FICATE OF DEATH	HYGIENE	8 6 REG. N	0.	6	4 4 2
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Sept. 9,1986

Jenes P. Lerry L.D. 2001 Bidne Bd., Grascus, M. 20872

Turini Supt. 11,1934 Fetherds Met. Prountmentille, Montgogsty, Md. Clim L. Molomforth, P.A., Dersons, Ms.

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v re-	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
n. nos bi ne pr	2 2	THE DATE OF CLEANION	The condition of white	COLEMANO!		IN CERTIFYING CAUSES OF DEATH?
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ofter of with of with of the factor of the f	110.0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  [IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120 USUAL OCCUPATION  [TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR I INDUSTRY
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moy	pod ter d	3. SE	(		4 RACE		5. DATE O	OF BIRTH	WE AR	6 AGE (IN	YEARS LAST BI	RTHDAY)	IF UN	DER I YEAR	IF UNDER 24 HRS	
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	or	24. FI	BURIAL JNERAL DIRECTOR		ISEPT	.3/86	SALT'L	MOKE	CEMETE 1250 DAT	EREC'D. BY	BALTI REGISTRAI			MARY		-
DH/	WH - 16 60M 7/B4 (VRA 15, 4)		HYSONG	co.,I	NC-13	00 N ST	, NW	WASH.			50, Ju			Share .		

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 2n DATE OF DEATH MONTH 2h HOUR . DECEASED NAME LTYPE OR PRINT death EUCIYN NOID IF UNDER I YEAR 4 RACE 5 DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS YEAR AUCASIAN BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE 7h CITIZEN OF WHAT (STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED [] 126 KIND OF BUSINESS OR CITY OR TOWN OF DEATH INDUSTRY TIRED In STATE YES NO 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME Louise Whalen MIDDLE FIRST Helen Hunt Royster George ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Joan McCabe 8500 Laverne Dr. Adelphi 20783 LYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 78-24-6903 18 CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [ 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH DE ERHER, NOTIFY MEDICAL EXAMINER; P.M. 211. LOCATION 21d. INJURY OCCURRED 21s. PLACE OF INJURY CITY OR TOWN COUNTY STATE LAT HOME, STREET, FACTORY, DEVICE, FARM, ETC.) STREET NOT WHILE and that (17 mg) (Jour) opinion death occurred on the date and hour and from the cou ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 73k DATE 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL Silver Spring Montgon (SPECIFY) 9/15/86 Gate of Heaven Burial 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Donalde V. Borgwardt 4400 Powderss Mill Rd. Beltsville Md 20705 DHMH - 16 60M 7/84 win Davidson Bandage (VRA 15, 4)

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR				CERTIF	ICATE OF	DEATH		REG. N	10.			
1	1. DECEASED NAME (TYPE OR PRINT)	FIRST		MIDDLE	11.6	AST			ember	16,	1986	7:45	
1		Margar		C.	Nol								
	3 SEX		4. RACE		5. DATE C		4 16 40 -		YEARS LAST BI	RTHDAY)	MONTHS DAYS	HOURS	24 HRS
1	Female		Caucas	ian	Augi	ist 4 <sup>AY</sup>	1893	93		YRS.			W.114.
-	70. BIRTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	D NEVER	MARRIED	9. BALTIM	ORE CITY		Y OF DEATH	1	
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7	10. CITY OR TOWN O	F DEATH		HOSPITAL, NURSI				12a. USUA	LOCCUPAT	TON	12b. KIND	OF BUSINE	SS OR
4	Silver Sp	ring	"Sylv	an Manor	Nives	ing Hom	1e	Hous	ewife	OF WORKING	Hous	ewife	
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d	14. FATHER'S NAME					15. MOTHER	S MAIDEN NA	AME					
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4	Walter		MED EORCES?	Hagga 166 SOCIAL SEC			ary		ADDR	FSS	Camp	bell	
1	(YES NO OR UNKNOW		E WAR OR DATES)		. A.	17. INFORM			7607	Hone	sty Way		
ı	no			IV.	.A.	James	G. No.	lan	Beth	esda,	Md. 2	0817	
1	18 CAUSE OF I	DEATH (Enter or	ly one couse per	line for (0), (b), 6	nd (c)	1.		1		_	APPRO BETWEEN	XIMATE INTER	VAL DEATH
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İ	Conditions, if	many subtah		R AS A CONSEQU	JENCE OF								
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1	STIPLY ACCIDENT W.			ITION OR WHICH	OPERATIO	N WAS PERFO	DRAFD	20g AU	TOPSY?	20h JE Y	ES, WERE FIND	INGS LISER	
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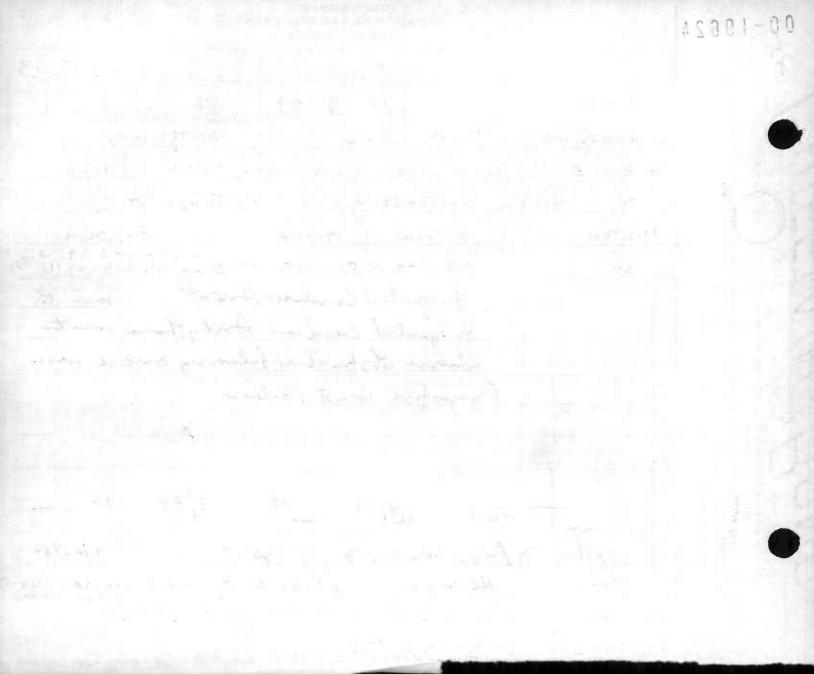
DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial Sept. 19,86 Gate of Heaven

24 FUNERAL DIRECTOR Francis J. Collinsoness Jr. 500 University Blvd. West, Silver Spring,

Silver Spring Montgomery Md.

		1			STATE OF MARYLAND	3 -	1 6 1 9
NU	-19624	,	FOR	DEPARTI	MENT OF HEALTH AND MENTAL HY	GIENE O O	. 0 0
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14		1 DE	CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 25 HOUR
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ALTI	4 54 4		18 CAUSE OF DEATH (Enter o	nly ane cause per line or (a), (b), an		4 /-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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≥.	t the		cause (a), stating the underlying cause last.	DUE TO, OF ASIA CONSEQU	ENCE OF	C. C.	e as ladama.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE.	tho d b) leas iol, o			1 10 Charles	Ormanie	Jack Fred Ga	and of
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M	Z cope cope cope cope cope cope cope cope	1 8	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
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	UI	24 F	UNERAL DIRECTOR		25a. D.	ATE REC'D. BY REGISTRAR 25b. REGIS	FRAR'S SIGNATURE
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Washington, D.C. U.S.A.

William Ross Whitman

Self Employed Horse Bredde 20851

Maryland Montgomery Rockville

12201 Academy Way

Minerva Adelaide Squire Eetty Ray de Zevallos

4 Alsace Lane, Rockville, Md. 20851

STATE OF MARYLAND

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STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR			CERTIF	ICAIL OF DEA	111	REG. NO.				
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S		Ohio	Unite	d State	BWIDOWE	ED DIVOR		Montgomery	Co	unty		MD.
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	ADDRESS)	OR OTHER INSTITUT	TION	12a USUAL OCCUPATION			OF BUSINESS C	OR
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5	13a S	MA Mos		SIVE RESIDENCE BEFORE		13d. INSIDE CITY L YEXXX NO		13e STREET ADDRESS / ZII 1918 Rock1		Aven	ue/208	<u>35</u> 1
/	14 FA	Joseph	Moore	Zeller			zabet			Holza	pfel	
1		AS DECEASED EVER IN U.S. AL	RMED FORCES?	166 SOCIAL SECU	JRITY NO	17 INFORMANT		ADDRESS		1-6		
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		18 CAUSE OF DEATH LEnter of PART I. DEATH WAS CAUS	D BY:	1 1	ac 1	numenu	un	Carline	73	BETWEEN	ONSET AND DEAT	
		IMMEDIA	TE CAUSE (0)	. 1	-	unity or	11	1.1		201.40	+ 9/2d	1982
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		gave rise to immediate couse (a), stating the	(b)	111			1	- No. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	V	VOAL	N	
	- 13	underlying cause lost	(c) L	AS A CONSEQUI	ENCEOF	sic				1		
	NO	1	conditions co	NTRIBUTING TO	DEATH BOY		THE TERMIN	nal disease or conditi	ON GIVE	N IN PART 1	a	
6	CERTIFICATION	190. DATE OF OPERATION		ION FOR WHICH	OPERATIO	N WAS PERFORME	D	20a AUTOPSY? 20	b. IF YES,	WERE FINDI	NGS USED	_
X	TIFIC			-				YES NOT	YES		S OF DEATH?	
	CER	210. ACCIDENT WAS UNDERLYING	- 110110 4 4		AT YEAR	21c. HOW INJUR	Y OCCURRE	ED (ENTER MITURE OF INJURY IN	ITEM 18 PAI	RT 1 OR PART 2)		
1	CAL	OR CONTRIBUTING CAUSE OF DE	AIR		19							
	MEDICAL	21d. INJURY OCCURRED	21e PLACE C	FINJURY	FARM FIC 1	21f. LOCATION STREET		CITY OR TOWN		COUNTY	STATE	
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		22a.1 certify that (I) (the hosp		deceased from		, 1	9/86	7, 10 7/2/	, 1		that (I) (we) la	ost
	113	saw the deceased alive of above, (I) (we) (did) (did n	ot) view the body	olter death.	, 01	nd that in (my) (	opinion d	eath occurred on the date of	and hour	and from the	couses stated	
		22b. SIGNATURE	1	2- 11		DEGREE	NDING	ANTICAL STAFF		22c DATE	SIGNED	
-		alley	X()	nuce			SICIAN D	DIRECTOR PHYSICIAN			-4	
1		Allew	J. 07	Jeil/	MD	27e ADDRESS	old	George	fg.	war.	e Roni	1
	23a 8	URIAL, CREMATION, REMOVAL	236 DATE S	ept. 23c	NAME OF C	EMETERY OR CREA	MATORY	23d. LOCATION		COUNTY	STAIR	_
		SPECIFY Burial	25.19	86	arkl		etery	Rockvill		aryla	nd	
		NERAL DIRECTOR RObes		ADDRESS			TE SPATE	REC'D. BY REGISTRAR 256	REGISTR	ARSSIGNA	TURL	
	PA	300 W. Mont	gomery	Ave. R	lockv.	ille,MD	SE	P26 1986				

DHMH - 16 60M 7/84 (VRA 15, 4)

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3.3	ex.		RACE		5. DATE C		6. AGE INSTANCALL	E	IF UNDER 1 YEAR	-
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4	MD	13a COUNT	A	Bethesda	M	134. INSIDE CITY LIMITS? YES (X) NO []	13. STREET ADDRESS 6410 Las	s / ZIP CODE		
1	FATHER'S NAME		DOLE	LAST		15 MOTHER'S MAIDEN N				
4	John		L.	Cassidy	у	Clara			Aren	
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Carion	Conditions, if ar gove rise to a course (o), sto underlying car PART 2, OTHER SI	my, which immediate the one lost.	DUE TO, OF		ENCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR CO	205, IF YES	, WERE FIND	INGS USED
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O NO CONTROL ATOM	Conditions, if an gave rise to course (of, statumetrying care PART 2, OTHER S)  The DATE OF OPES  The ACCIDENT WAS	riy, which immediate sting the use lost.  RATION:  CAUSE OF DEATH SECRET EXAMPLES	DUE TO, OI    DUE TO, OI   DUE TO, OI   (c)     ONDITIONS CC	R AS A CONSEQUE  DISTRIBUTING TO D  FINANCE  FINANCE  M. MONTH DA	DEATH BUT OPERATIO	N WAS PERFORMED  THE HOW INJURY OCCUR	28e AUTOPSY? YES ☐ NO █	206. IF YES	S, WERE FIND YING CAUSE S	INGS USED S OF DEATH
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BALTIMORE, cote be execut ysicion and co	E C	NO	(# 125, 571		578-2	26-4177T	Audre	y L. Be	lt Same	as it		KIMATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON  NG PHYSICIAN: The low requires that the death or attending physician.  After this certificate has been signed by a manual or the buriol-transit permit. Then pleas ferrore continued and Mental Hygiene prior to buriol, amment on an	ony injury, or other traume	gove rise to couse 101, underlying	f ony, which o immediate stating the cause lost.  R SIGNIFICANT C	DUE TO, OI	R AS A CONS	SEQUENCE OF SEQUENCE OF GO DEATH BUT	NOT RELATED		Color NAL DISEASE OR	20b IF	GIVEN IN PART TO	INGS USED
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DIVISION ING PHYSI or affect this ce os the buri	orked or It	21d INJURY O		21e. PLACE		DEFICE, FARM, ETC.)	211 LOCATIO STREET	NO	CITY	OR TOWN	COUNTY	STATE
ATTENDIN sspitol or ECTOR: Af d for use a d for use a	21 is mo	sow their	hat (I) (this bospit leceosed alive on (we) (did) (did not	4-6	. 46	19, o	nd that in (my)	19 (	eath occurred on	the date and	hour and from the	that (I) (we) last couses stated
the hor the hor the borneste cochecter	APORTANT: If Item	226. SIGNATA 22d. PHYSICIA	sell?	n.IU	tey	r. n	DEGREE 22e. ADDRES		MEDICAL DIRECTOR PI	STAFF HYSICIAN [		t.19,1986
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01100099	À	230 BURIAL, CREMA	TION, REMOVAL		36	23c NAME OF			APTITUE	ton, V	A COUNTY	STATE
19 DHMH - 1 SOM	7/84	24 FUNERAL DIRECT				ns, Inc.		25a. DSF	REST D. BAREGIS	TRAR 256. REC	GISTRAR'S SIGNA	TURE
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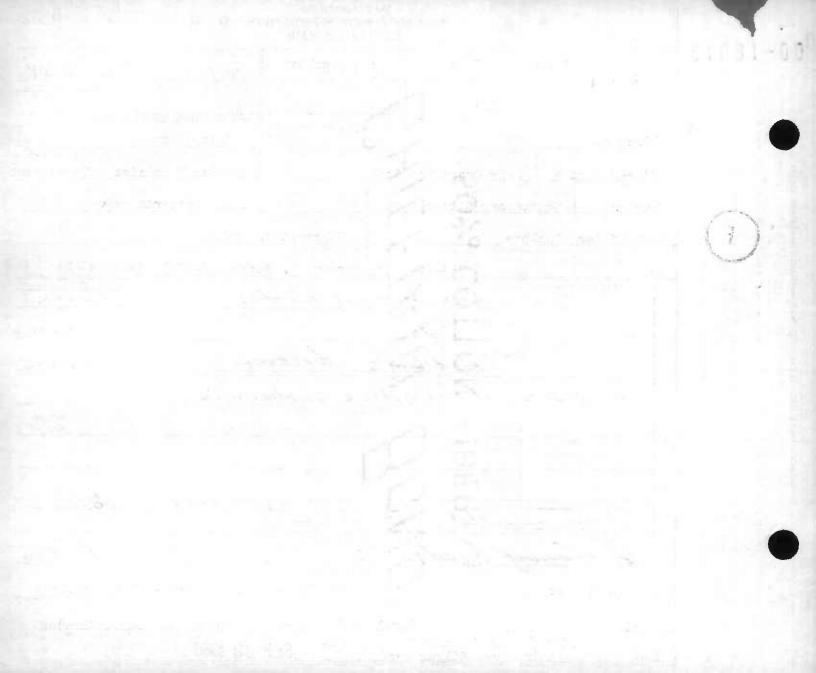
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STATE OF MARYLAND

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00-	1.7.895	100	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
		(TY	ECEASED NAME FIRST MIDDLE PLAST 28. DATE KNOWN MONTH DAY YEAR 22. PROOF ESTI- DEATH MATED SOON 470 PT	HOUR N
	DIRE OUR NO SNS	3. SE	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED SEXX 1986	TAM
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	TO MEDIC EXECUTE TO PAGE 4 SI TO FUNER AFTER DEA BALTIMOR	22. 0	John S. Rogers Address 1919 Seminary Rd., Silver Spring, M	Md.
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	(VR A15 ME (5))		1804 T Street, N			0009 SF	P 8 1986	Min Nacidan	~ Ronda	-

	1		~~	STATE OF MARYLAND		
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Page 4 may director, page of nours after d	100	SEX FEMALE	4. RACE BLACK	July 14, 1923	6 AGE (IN YEARS LAST BIRTHDAY) 63 YRS	IE UNDER I YEAR IE UNDER 24 HRS.
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AL OR A the has AL DIREC detached ore Dept. IT: If Item		226. SIGNATURE	Bradshows	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	9/10/86
TO HOSPITAL TO FUNERAL should be deta with the Stote		Ray mox d	Bradskaw,	220. ADDRESS 345 Silv	University Blacer Spring, Me	diw
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DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

John T. Rhines Co., 3015 12th Street, N.E.

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The state of the s

J. William Lee's Son's Company

300 4th St. N.E. Washington, D.C.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH 5 DATE OF BIRTH (IN YEARS LAST BIRTHDAY) MONTH 9 1914 MARRIED NEVER MARRIED WIDOWED

7b. HOUR DAYS BALTIMORE CITY OR COUNTY OF DEATH Manlaamer-1. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Social Worker D.C. Government GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS / ZIP CODE 20815. 13d INSIDE CITY LIMITS? 112 Ouincy St. Chevy Chase, M.D. Chevy Chase 15 MOTHER'S MAIDEN NAME Molten Cuthbert Helen 17 INFORMANT 6392 Scarlet Petal Son in Law Mr. David Cargo Columbia, M.D. 21045 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 21f LOCATION COUNTY CITY OR TOWN STATE 19 \_\_\_\_\_, and Not in my (aur) apinion death accurred on the date and hour and from the couses stoted DEGREE 22c. DATE SIGNED ATTENDING ) PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY STATE (SPECIFY) Aug 31, 1986 Lee's Crematory Washington, D.C. 20002 Cremation 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

20002

DHMH - 16 60M 7/84 (VRA 15, 4)

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Z - 02 5 7 .9	-	22a.l certify that (1) (this ho	9/	21 19 86	126 , 19 86 and that in (my) (our) opinion	, ta 9/27 , death occurred an the date and hau	1986, that (1) (we) last r and from the causes stated
DR A INEC Sept.		22b. SIGNATURE	DINI	UCP -	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF	22c. DATE SIGNED
HOSPITA HOSPITA FUNERA Suld be d				MAT MO.	220 ADDRESS 10 31	3 GEORGIA	20902
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 bount after death, Page 4 may be retained by the haspital or attending physician.  TO HOSPITAL OR ATTENDING Physician.  TO FOUNERLY DIRECTOR: After this certificate has been signed by the attending physician and completely find in by the function page 3 should be detached for use as the burial-transit permit. Then please immer achievable to add 2 should be find a literal page 3 should be find a literal page 4 may be made a prior to burial, crimatic or remaint. The medical page 4 may be made a page 4 may be made a page 5 may be burial-transit permit. Then please immer a containing the medical page 5 may be burial-transit permit. Then please is marked or them 18 shows only injury, or other transmittered in the medical page 5 may be burial-transmittered by the medical page 5 may be burial-transmittered by the medical page 6 may be burial-transmittered by the medical page 7 may be burial-transmittered by the medical page 7 may be burial-transmittered by the medical page 6 may be burial-transmittered by the medical page 7 may be burial-transmittered by the medical page 6 may be burial-transmittered by the medical page 7 may be burial-transmittered by the medical page 6 may be buri	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 boars after death, and retained by the haspital or attending physician.  TO FUNERAL DIRECTOR LO DIRECTOR has been signed by the uttending physician and completely and a should be detacked for use of the buriol-transit permit. Then please temperate completely and 2 around be fund virtural bround the find virtural broad and 2 around be fund virtural broad and 2 around broad around virtural broad around broad around a around broad around a around broad around a aroun	The property of the property o	The proposed of the property o	THE STATE REGISTRAR  TO ECCASED NAME (1985)  TO BRITHPIACE JATALE OF FOREIGN 1/2 CITIZEN OF WHAT COUNTRY  TO BRITHPIACE JATALE OF FOREIGN 1/2 CITIZEN OF WHAT COUNTRY  TO BRITHPIACE JATALE OF FOREIGN 1/2 CITIZEN OF WHAT COUNTRY  TO BRITHPIACE JATALE	The Bush and the Principle of the Princi	SECOND   S

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£ 55 6	70. BIRTHPLACE (STATE OR FO	U.S.A.	MARRIE		9 BALTIMORE CITY OR COUNT Montgomery	MD.
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rety filled in 2 shared be nine must be	USUAL RESIDENCE (# NUR 18a. STATE	DUNTY 13. CIT	DENCE BEFORE ADMISSION) Y OR TOWN Shington	136. INSIDE CITY LIMITS? YES NO [	13 STREET ADDRESS / ZIP COO 4740 CT AVE . N	w 2000899999
cuted with completel	14. FATHER'S NAME FIRST NICOLA		laninsky	MILE MOTHER'S MAIDEN NAME	WIDDIE	Stojanova
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그는 그렇게 그	22b. SIGNATURE	Kozfoff ms	•		MEDICAL STAFF DIRECTOR   PHYSICIAN	911986
TO HOSPITAL retained by th TO FUNERAL should be det with the State IMPORTANT:		ZLOFF M.D.		27e ADDRESS 9218	WISCONSIN AU ESDA, MD Z	0914
BP	230 BURIAL, CREMATION, RI	9/23/86	Mt. Con	EMETERY OR CREMATORY  Ifort Cremator		
99 COHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR JONAME 51.30 WI	seph Gawler's S Ave. NW Wash.	ons, Inc.	25a. DAT	EP 26 1986	TRAR'S SIGNATURE

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1.	FOR STATE REGISTRAR	Ut.	EPARTMENT OF F CERTIF	ICATE OF DEATH	REG. NO.		
NYP	ESTH		PLO	FF	20. DATE OF DEATH	9-18-86	2b. HOUR 5 15
3. SE	Female	4 RACE White	S. DATE C	DE BIRTH  DAY  VEAR  T  T  T  T  T  T  T  T  T  T  T  T  T	6 AGE LIN YEARS LAST BIRTHE	YRS DAYS	HOURS 1
	COUNTRY Maryland	76 CITIZEN OF WHAT COL	MARRIE		MONTG	OMERY	
R		11. NAME OF HOSPITAL,  IF NOT IN SUCH FACILITY, GP  Hebrew Home	of Greate		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Sales Perso	WORKING LIFE) INDUSTRY	hing
Ма		gomery 13c. CITY C	CKVILLE	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 2 6121 Mont	rose Road	2085
	Benjamin	Rothki		Sophie	WIDDLE	Steir	
160 \	WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES GIV		12 0771	Barry R. Plo	Ganth off (son) 112	ersburg, Mo 09 White Ba	
	Conditions, if any, which gave rise to immediate	DUE TO, OR AS A COM	ryth	monary		#	<del></del>
CATION	Conditions, if any, which	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CO	NSEQUENCE OF AST CA	mid /	200 AUTOPSY?	206. IF YES, WERE FIND!	NGS USED
AL CERTIFICATION	Conditions, if any, which gave rise to immediate cause (0), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT OF THE CONTROL OF CONTRIBUTING CAUSE OF DEA	DUE TO, OR AS A CON-  DUE TO, OR AS A CON-  (c) CONDITIONS CONTRIBUTIONS CONDITION FOR  196 CONDITION FOR  111 TIME OF INJURY HOUR A.M. MON'	NSEQUENCE OF AN AG TO DEATH BUT WHICH OPERATION	MICH SE NOT RELATED TO THE TERM	AINAL DISEASE OR CONDIT	206. IF YES, WERE FINDS IN CERTIFYING CAUSES YES	NGS USED
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MEDICAL	Conditions, if any, which gove rise to immediate cause (0), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED AT WORK NOT WHILE AT WORK 220. I certify the (1) this hospi sow the decreed alive on obove, (1) we'd did (did not or obove, (1) we'd did (did not or obove, (1) we'd did) (did (did not or obove, (1) we'd did) (did (did not or obove, (1) we'd did) (did (did not obove, (1) we'd did) (did (did (did not obove, (1) we'd (did (did not obove)) (did (did not obove))	DUE TO, OR AS A CONDITION OF THE CONDITIONS CONTRIBUTED TO THE CONDITION FOR THE CONDITION OF THE CONDITION	NSEQUENCE OF  NSEQUENCE OF  NG TO DEATH BUT  WHICH OPERATIO  TH DAY YEAR  19  OFFICE FARM EIC)  If ram  19  A  OFFICE OFF	NOT RELATED TO THE TERM N WAS PERFORMED  21c. HOW INJURY OCCUR 21l. LOCATION STREET	200 AUTOPSY?  YES NO CITY OR TOWN  death accurred on the date	206. IF YES, WERE FINDE IN CERTIFYING CAUSES YES	NGS USED S OF DEATH NO   state that (I) we causes state

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		FOR STATE			EALTH AND MENTAL	HARIENE ~	0	
10-10201		REGISTRAR	ME	DICAL EXAMINE	R'S CERTIFICATE	OF DEATH REG.	NO.	
00-10394		CEASED NAME FIRS	T	MIDDLE	LAST	20. DATE KNOWN	MONTH DAY	YEAR 26 HOUR
M ~	(TYP	E OR PRINT)			Phnad	OF ESTI- DEATH MATED	TC	CIME
PLEASE ECTOR. P FILES. HOURS STREET	3 SE)		IS DATE OF BIRTH	6. AGE (IN YEARS	// 6		Je 4 10, 19	YEAR ZALHONS
STEE	J JL/	1. 1.1	MONTH DAY	YEAR LAST BIRTHDAY)	MONTHS DAYS HOURS	MIN PRONOUNCED	6 00	- 14
COUNTY OF THE PRINCE OF THE PR	1	in w	601-2	1916 64 YRS.		DEAD J.		86 AM
SE S	70 B	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY? 8.	MARRIED NEVER MARI	RIED . 9. BALTIMORE CITY	Y OR COUNTY OF DEA	ATH
IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E S FOR YOUR FILES. ED, WITHIN TO HOUSE IT W. PRESTON STREET,		Russia	U.S.	\	VIDOWED DIVOR	CED [ / /	Lanne	VV MD
W. W. S.	10. CI	TY OR TOWN OF DEATH	II NAME OF HOS	SPITAL, NURSING HOME, C	OR OTHER INSTITUTION	124 USUAL OCCUPATION	TYPE OFWORK 126. KIND	OF BUSINESS
A E A E A	1	3 - F. 16	(IF NOT IN SUCH FA	CILITY GIVE STREET ADDRESS)	N 1 W 34	FOR MOST OF WORKING LIFE)	ORIN	VØUSTRY
RE WID 2120 / SELAY IS NE SES1, 2, AND 3TO THE FUJ AP A3 RETAIN PAGE 51 AND 25 STOULD BFF(LIED WAS ECORES) 20 WAS ECORES 20 WAS	USUZ	L RESIDENCE (IF IN NURSING HO	OME OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMISSION	N. A.	/ Office	Coun	ty
A SEE SE	13a. S		DUNTY ,	136 CITY OR TOWN	F. 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 208	353	
C S S S S S S		and Kho	26.	RICKVI	YES NO [	146351320	-ey WV. A	PY 207
Z 22.3.2.	14. F/	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAID	DEN NAME MIDDLE	LAST	
A PAND 2					Helen	WIDDEE	Rhaziko	
0 0000 -	16a. V	Herman VAS DECEASED EVER IN U.S.		Punga		ADDRE		7237
ST., BALTIMORA WI HOURS AFTE DEATH A.18. GIVE PAGES 1, G. WITH FORM PM MIT. PAGES 1 AND 2. VE, DIVISION OE VITA	[4	ES. NO, OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)			ha Dunga - Came	25 #13	
S A GIV		No I		226-38-6878	mrs. RI	ta Punga - Same		
T. VW.		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAI	er anly one cause per line	lar (a), (b), and (c).)	,	1 . 1 .	APPRO	OXIMATE INTERVAL IN ONSET AND DEATH
ON ST., 24 HOUR ITEM 18. IONG W PERMIT. GIENE, D			DIATE CAUSE (a)	lante	1240021	1d12( ).	CI	
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201 V OTED IN PE EXAM DN, O		lying couse last.		AS A CONSEQUENCE OF				
	LB		(c)					
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4 70 = 0 = 0	프	NAME					VES	NO TO
BIVISION OF VITA THIS CERTIFICATE SHC TE, WRITING THE WORE THE CHE THE THE THE THE THE THE THE THE THE T	E E	210. EXTERNAL CAUSE WAS	5 21b. TIME O	FINJURY	21c HOW INJURY OCCURR	ED LENTER NATURE OF INJURY IN ITEM	1	, LI NOIX
STORE WENT		UNDERLYING OR	HOUR A.A	M. MONTH DAY YEAR				
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SE 3S	AE AE	214 INJURY OCCURRED WHILE ON NOT WHILE	21e PLACE	OF INJURY (AT HOME, TORY, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
DI THIS ( WARD PAGE TATE	1	AT WORK AT WORK					COSITI	VIAIL
DIV ATE, WRITH ORWARDE ORWARDE RE, PAGE 3 VD, 21201 F				7. 1. 1. 1. 1.		DXC		
MAN DEN		220. I certify that I took cl	L.		Autapsy . Inspection	on Inquiry L.	and in my apinion	
MER DES		death resulted from: N	laturol causes 🔼.	Accident Suicio	de 🔲 , Hamicide 🔲 ,	Undetermined manner	].	
A WENT OF THE SERVICE		ACTUAL /	0/	//	TITLE (SPECIFY)		0	
A H O K F W		SIGNATURE	11	agers	_MD_Den	MEDICAL EXAMINER	SIGNEGERAL	15 1906
OR SET	1	//		0	7		0.	
AEDIC CUTE T SE 4 SF FUNER ER DEA	1	HAMINER'S NAME			ADDRESS			
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PROFE 4 SHOULD BE FORWARTED FORWARTED FOR A STER DEATH, WITH THE STABLIMORE, MARYLAND, 2	23a B	JRIAL, CREMATION, REMOVA	AL 23h DATE	134 NAME OF CEME	TERY OR CREMATORY	23d. LOCATION		
	(3	PECIFY)			TERT OR CREMATORT	CITY OR TOWN	COUNTY	STATE
07/84 BP	24 5	Remova J. JNERAL DIRECTOR	9-15-86		lot	ALCO BY DECICED TO 1001 DE	CASTRA DIS SACRATA	
DHMH - 17	24 1	NAME	ADDRESS		SE SE	PGD BY REGISTRAR 250 RE	GISTRAR'S SIGNATURI	
(VR A15 ME (5))		Anato	my Board	Balto., I	Md.	Julis	- margary - Kon	dall

	0.0	2.6
	ITAL OR ATTENDING PRESICIAN: The law requires that the death certificate he executed within 24 hyprs after death. Page 4 may be by the hospital or attending physician.	SEAL DIFFCTOR. After this certificate has been signed by the attending physician and couplitive filled in by the fusion director, page 3 is disched for use as the burial-transferent forms. Then please remain carbonagehis Pages, 1 and 2 should be filled within 72 hours after death. State Dept. of Feotils and Memori Rygiete prior to burial, cremation, as remain.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND	deoth	offerio pive co zhan, o
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	ITAL OR ATTENDING PRESICIAN: The by the hospital or otherwing physician	RAL DIRECTOR. After this certificate has been signed by the attending physicis detached for use as the bursal-transit permit. Then please immane carbonappet store Dept. of Health and Memoil Physierie prior to bursal, cremotism, as removal.
	F &	The 40 100

7 7	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF	HEALTH AND MENTAL HY FICATE OF DEATH		<b>6</b> EG. NO.	2	6	4/2
1		CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DE	HINOM HIA	DAY	YEAR	26 HOUR
9		Edn	a	M	Р	yne		09	04	86	2:03 ам
1	1 SE		4 RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS	LAST BIRTHDAY)	MONT	HS DAYS	HOURS ANN.
0.0		FEMALE	LIHM	PE		PT. 3, 1888	98	YF			
2 36		RTHPLACE (STATE OR FOREIGN	76 CITIZEN O	F WHAT COUNTRY?	8 MARRI	ED NEVER MARRIED	9 BALTIMORE	CITY OR COU	NTY OF	DEATH	
63/		MARYLAND	U.S.	Α.	WIDOW	ED X DIVORCED	MON'	<b>IGOME</b>			MD.
3 3/	10 C	ITY OR TOWN OF DEATH		F HOSPITAL, NURSINGUCH FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCC			2b. KIND O NDUSTRY	F BUSINESS OR
1 /1C		ROCKVILL		CUL LANO			SALE	S LADY	7	UNKN	OWN
1 2/			E OR OTHER INSTITUTION	13t. CITY OR TOW		1136 INSIDE CITY LIMITS?	13e.STREET ADD	RESS / ZIP C	ODE		
122		MD.		BALTIMO	DRE	YES X NO		- FORI	MAH	ROA	D 21229
20	P) F/	ATHER'S NAME FIRST	MIDDLE	. LAST		15 MOTHER'S MAIDEN N		DDLE		LAS	1
020		OLIVER	C.	BUSHAM	1	FANNIE			GAI	THER	
10		VAS DECEASED EVER IN U.S.	ARMED FORCES			17 INFORMANT		ADDRESS			
1		NO		216-28-	-882	REV.DR.R	EICHARD.	- N.L.	н		
1 to 1		II CAUSE OF DEATH (Ente	r only one cause p	er line for bilbi, an	d (c ))					BETWEEN C	MATÉ INTERVAL ONSET AND DEATH
000		PART I. DEATH WAS CA	USED BY: DIATE CAUSE (0)_	Ine	un	come:				3 0	Luns
ale of				OR AS A CONSEQUE	ENCE OF						
111		Conditions, if any, which		OK AS A CONSCION							
100		gave rise to immediate	)	OD AS A CONSCOUR	CALCE OF						
1 4		underlying cause lost	000 10,	OR AS A CONSEQUE	ENCE OF						
0.0		PART 2 OTHER SIGNIFICAL	NT CONDITIONS	CONTRIBUTING TO I	DE ATH BU	T NOT REVATED TO THE TER	MINAL DISEASE Q	CONDON	GIVEN	IN PART III	0
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117	ATION	90 DATE OF OPERATION	196 CON	IDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPS			ERE FINDIN	
1	ΙĔ						YES TO NO	DIXX	YES T		OF DEATH?
0 9	CERTIFI	210. ACCIDENT WAS UNDERLYING		OF INJURY		21c HOW INJURY OCCU					
04	100	OR CONTRIBUTING CAUSE OF	DEATH	A.M. MONTH D.	AY YEAR						
1 1/	MEDICAL	216 INJURY OCCURRED	21e. PLAC	E OF INJURY		211 LOCATION					
1	N.	WHILE NOT WHILE	(AT HOME	STREET, FACTORY, OFFICE F	ARM, ETC ]	STREET	CI	TY OR TOWN		COUNTY	STATE
1		22a.1 certify that (I) (this b		the decreed from	W m	rch 2019 7	2 . 501	26. 4	10	86	that (1) (we) last
1 =		saw the deceased alive		The deceased from _	10 9	and that in (my) (ewr) opinio	n death occurred as	the date and	hour an		
0 M		abave, (1) (we) (did) (did 22b SIGNATURE	nat) view he ba	dy atter death.		DEGREE				22c. DATE	
Dec #		MA DA	7-711-1	15		AN .	MEDICAL _	STAFF		221. DATE	4-16
\$ Z-		Janea	7-11-	ann		PHYSICIAN  22e ADDRESS	MEDICAL DIRECTOR [	PHYSICIAN		9-	1-00
HTA N		22d PHYSICIAN'S NAME TO	(PE OR PRINT)	0000			444	10	1	A	1/-
MFORT.		HAROL)	+.19	LIAN	N	4362-26	WH.V	·an	Su	eglo.	2, 40
- 2		BURIAL, CREMATION, REMO	AL 23b. DATE	23 c. 1	NAME OF	CEMETERY OR CREMATORY	23d LOCATIC		100	DUNTY	24207
_		BURIAL	SEPT	.8/1986-1	LORR	AINE PARK C	EM. BAL	TIMORI	7. N	ARYI	AND
60M 7/84	24 F	UNERAL DIRECTOR		ADDRESS			ATE REC'D. BY REGI	STRAR 25b. RE	GISTRAR	SSIGNAT	URE
A 15 4)		HYSONG CO.	,INC-13	300 N ST.	NW	WASH DOS	n 4 0 190	D dulia	Dairie	1-	andelle :

FEMALE	WHITE	SEPT.	. 3, 1888	86			
MARYLAND	U.S.A.	<	2	MONTG	SOMERY	.00	
ROCKVILLE	NATIONA	LUTHERAN	НОМЕ	SALES	LADY	UNKNOWN	
MD.	BA	TIMORE	×	4305-	FORDHA	M ROAD @12	1229
OLIVER	C. E	БНАМ	FANNIE		GA	ІТНЕК	
ON	21	-28-8823	REV.DR.RE	CHARD-	N.L.H.	-ROCKVILLE	LE

California 0001 g p.912

	١,	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 2 6 4 / 13							
125	- STATE REGISTRAR			CERTIFICATE OF DEATH REG. NO.						
5	1 DECEASED NAME FIRST			MIDDLE	1	LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR			
	(TYPE OR PRINT)			YER WABB			Sept 1	4,86	1545.	
1	3 SE	x 1- /	4 RAS	E . 10	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	) IF UNDER I YEAR	IF UNDER 24 HRS	
	d .	MALE	10	(ACAS IAN Feb. 22, 1894			92 YRS MONTHS DATS HOURS MI			
10	76. B	RTHPLACE (STATE OR FORE	IGN 76 CM	IZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR CO			
1		New York		USA	WIDOW		Montgom	erv	M	
8	10 €	ITY OR TOWN OF DEATH	11. N			OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	12h KIND O	2h KIND OF BUSINESS O	
ú	1	Rockville	Collingswood Nursi		od Nursin	g Home	Broker (Re	rance		
7	USU 13a	AL RESIDENCE (IF NURSING	HOME OR OTHER	NSTITUTION GIVE RESIDE	OR TOWN	113d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIF	CODE	20879	
7			Montgo		hersburg	YESXX NO	18700 Walke	ers Choice	Road	
	DI F	THER'S NAME	WIDDLE			15 MOTHER'S MAIDEN NA				
-	2	Abraham	WIDDLE	Ra	bb	Sarah	WIDDLE	Glas	S	
ond co		VAS DECEASED EVER IN			IAL SECURITY NO.	17 INFORMANT	Damestow	n, Marylan	d 20878	
	1	YES NO OR UNKNOWN) (II	F YES GIVE WAR C		03-1485	Stephen Rabb	: 15101 Falcor	bridge Te	rrace	
		18 CAUSE OF DEATH	nter only one		Ab), and icy		1 1 1		MATE INTERVAL ONSET AND DEATH	
	CERTIFICATION	18 CAUSE OF DEATH IS PART I. DEATH WAS	CAUSED BY:		log ra	sault a	Cacker	2/4	ews	
		1740		^	and and	1-1-	1	111	. / .	
		Conditions, if any, w		UE TO, OR AS A SE	emax	menung	1CHERS	ye	me	
		gave rise to immed	iote	UE TO ORA	was worden	11111	73.0	1//		
			lost (		MILE	empers		9 - 1		
		PART 2 OTHER SIGNIFIC	CANT COND	TIONS CONTRIBUT	ING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	ON GIVEN IN PART 1	0	
-										
	HCA	1% DATE OF OPERATION	1	1% CONDITION FOR WHICH OPERATION WAS PERFORME			D 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
	= =					The state of the state of	YES NOO	YES []	NO [	
	1.65	OR CONTRIBUTING C CAUS	Input.	TIME OF INJURY	TH DAY YEAR	TIL HOW INJURY OCCUR	RED (INTERNATURE OF HUBBLES	I(W.SE. PART ) OR PART 2)		
	MEDICAL	OF EITHER, NOTIFY MEDICALS	XANTEY:	P.M.	19					
		214. INJURY OCCURRED	10	<ul> <li>PLACE OF INJUR IS HOME STREET, FACTOR</li> </ul>		211. LOCATION	(In or rowny)	7 Spelly	STATE	
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	23a. I	BURIAL, CREMATION, REA		DATE	23c, NAME OF	CEMETERY OR CREMATORY	23d LOCATION		- 1	
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0.4	24 F	UNERAL DIRECTOR			ckville,		TE REC'D. BY REGISTRAR 25h		URE	
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8219	1.	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 2 6 4 / 5  CERTIFICATE OF DEATH  REG. NO.							
0 2 1 3		CEASED NAME FIR	ST	MIDDLE		AST	20. DATE OF DE	АТН МОНТН	DAY YEAR 2b H	IOUR
2 9 P		RUBY Fairfax RADCLIFF				IFF	September 1:			3,1986
andre of	3. SE	X	4 RACE		MONT	OF BIRTH	6 AGE (IN YEARS	LAST BIRTHDAY)	FUNDER I YEAR IF UN	
	1	Female	ite Oct.8,1898			87 <sub>YRS.</sub>				
1 1000 82	Na	IRTHPLACE (STATE OR FOREIGN 76. CITIZEN C COUNTRY) Injemoy, Md. US				D Mond				
1117	Si	TY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION (ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY								INESS
1/2	13a	AL RESIDENCE (IF NURSING F	COUNTY . Mary s	13c. CITY OR	BEFORE ADMISSION) TOWN	13d. INSIDE CITY LIMITS	13e STREET ADD	RESS / ZIP CODE 40 Wynn	e Road	80
100		THER'S NAME FIRST Peter	MIDDLE	Kendr	ick	15. MOTHER'S MAIDEN	NAME	hase	Rye LAST	
1 0 0	160	VAS DECEASED EVER IN U			SECURITY NO.	17 INFORMANT	CIIC C	ADDRESS	x,yc	
A ond Page			YES, GIVE WAR OR DATES)		24-6970		Clements	Sam	e as 13e	
that the death certhics d by the attending physics controlled of certification poly of, cremation, or remarks or other traumatic event,		Conditions, if any, wh gave rise to immedi- cause (a), stating	DUE TO, C	OR AS ACONS OR AS ACONS	EOUENCE OF	toryface To bear	failui ver di		APPROXIMATE BETWEEN ONSE!	- 7.
been igneratives that the plant of the plant	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 208. AUTOPST? 208. If YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF OPERATION								
21 211 19	Ē						YES N			
Physical Phy		DE CONTRIBUTING CAUSE	CRUEATH HOUR A	M. MONTH		21c HOW INJURY OCC	URRED (INTER wall)	OF HUNTY IN TITE US. F	ART I CREART ST	
We see a	MEDICAL	214 INJURY OCCURRED		OF INJURY	19	211 LOCATION				
4 4 4 5 5	A A	write   NGT WHEET	EAT NOWE ST	REST. FACTORY, OF	FICE FARM, ETC.)	39117	c	ry de town	COUNTY	STATE
TTENDIN prts or c 308. At 50 us or at Health		22a.1 certify that (I) (this				nd that in (my) (our) apin	to	the date and hou		fi (wm) s shated
TALOR A y the heat ALORE deteched deteched siste Dept.		27. SIGNATURE DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D								
O HOSPIT Trained by O FUNES Abould be-		RICHAZ	D J- De	LAN	J 41	22. ADDRESS 4323/11	7/A4 S		5 40.	209
Es mare	23a.	BURIAL, CREMATION, REM		106		EMETERY OR CREMATO	RY 23d LOCATIO	OWN .	ratiown S	STATE
BP	-	Burial	L 9/17	/86	Charle	es Memoria				) T . I
DHMH - 16 60M 7/84 (VRA 15, 4)	24. F	UNERAL DIRECTOR W. Clai	cke Matti	ngley	Leona	rdtown, Md	CFP 181	STRAR 756 REGIST	RAP'S SIGNATURE	della

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 0 DATE KNOWN (TYPE OR PRINT) OF ESTI-3. SEX 6. AGE (IN YEARS DATE DIREC PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MEVER MARRIED FOREIGN COUNTRY)
Louisana U.S.A. WIDOWED DIVORCED 126 KIND OF BUSINESS NAME OF HOSPITAL, NURSING HOME. FOR MOST OF WORKING LIFE) Nurse HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE 136. COUNTY 13g STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Rockville Arbutus Avenue Montgomery Maryland YES X 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Alice Olson Roberdau Seay 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN 16b. SOCIAL SECURITY NO AD4704 Arbutus Ave 435-40-6534 Rockville, MD20853 DIVISIO Clarence 1ous No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST IMMEDIATE CAUSE. DUE TO, OR AS A CONSEQUENCE O Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BUR PAGE 3 SHOULD BE USTATE DEPARTMENT C YES [ 21b. TIME OF INTURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING □ OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (ATHOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE NOT WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Inspection and in my opinian death resulted fram Undetermined manner SHOULD TITLE (SPECIFY) EXECUTE THE C PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALUMORE, M SIGNATURE Seminary Rd, Silver Spg, MD John S. Rogers, M.D. EXAMMER'S NAME 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Washington, D'AC . Georgetown Med School 9-17-86 Removal 07/84 BP 25M 24 FUNERAL DIRECTOR Columbia Mortuary Services 250. DATE REC'D. BY REGISTRAR 756. REGISTRAR'S SIGNATURE **DHMH - 17** when Donders - Kin 225 Missouri Ave, NW Washington, DC 20011 (VR A15 ME (5))

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e 4 may be code; page 3 violar death			VIEVE TARACE	M. Ro	S/DATE C	P BIRTH	20. DATE OF DEATH MOD	9 86	8:300 M
		Maryland	76 CITIZEN OF USA	WHAT COUNTRY?	WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OR CO	Nery Cou	nty MD.
	B	ethesda LRESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION	CH FACILITY, GIVE STREET	ADDRESS) ADMISSION)	spital	Bookkeeper	SELET	Employed
nd within 24	_	aryland M MHERS NAME William	ontgomery Elmer	Wheaton Smith		YES NO Barbara	3412 Far	thing Driv Sebalt	
to be esecutive to the control of	160	VAS DECEASED EVER IN U NO OR UNKNOWN) (IF	YES GIVE WAR OR DATES)	16b SOCIAL SECU	7.3	Betty Flint sa	me as 13e	APPR	OXIMATE INTERVAL EN ONSET AND DEATH
quires that the death centric agned by the offending phi him please remove carbon p to buriol, cremation, or emo	NO	Conditions, if any, white gove rise to immedic cause (a), stating to underlying cause to	DUE TO, C	DR AS A CONSEQUE	ENCE OF	CALCANOT RELATED TO THE TERM	MAL DISEASE OR CONDIT.	ON GIVEN IN PART	lio
SE(AN). The tare recomplished by the recomplished by the centre of the c	MEDICAL CERTIFICATION	DATE OF OPERATION  S-U-  21a, ACCIDENT WAS UNDERLY!  OR CONTRIBUTING CAUSE  (IF EITHER NOTIFY MEDICAL EX	ING   21b TIME C HOUR A (AMINER)	DEINJURY MONTH DA	esces	216 HOW INJURY OF CURE		DID. IF YES, WERE FINING CAUS YES  ITEM 18. PART I OR PART 2	NO _
OF ACT PADRIC PHY the hospitals is otheral a. DIRECTOR After this elocited for use at the b. to Dept. of Health and A. if here 21 is nowhed to	MED	21d INJURY OCCURRED  HILE NOT WHILE AT WORK  22a I certify that (1) (this sow the deceased of above, (1) (we) (did) ( 22b SIGNATURE	hospital) attended t	19_	H. or	211 LOCATION STREET  19 d that in (my) (our) aprinon DEGREE  ATTENDING PHYSICIAN	death accurred on the date	22c DA	that (I) (we) last he couses stated TE SIGNED
TO HOSPITA storing by TO FUNERA should be do with the Stat	23a.	22d. PHYSICIAN'S NAME	De/ 151	2MB1	NAME OF C	Tage ADDDECC	MASS DE		
00		Cramation	9/12	/86 C	edar I	Hill Crematory	Suitland.	Maryland	STATE

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1331 Rockville Pike, Rockville, Maryland 20852

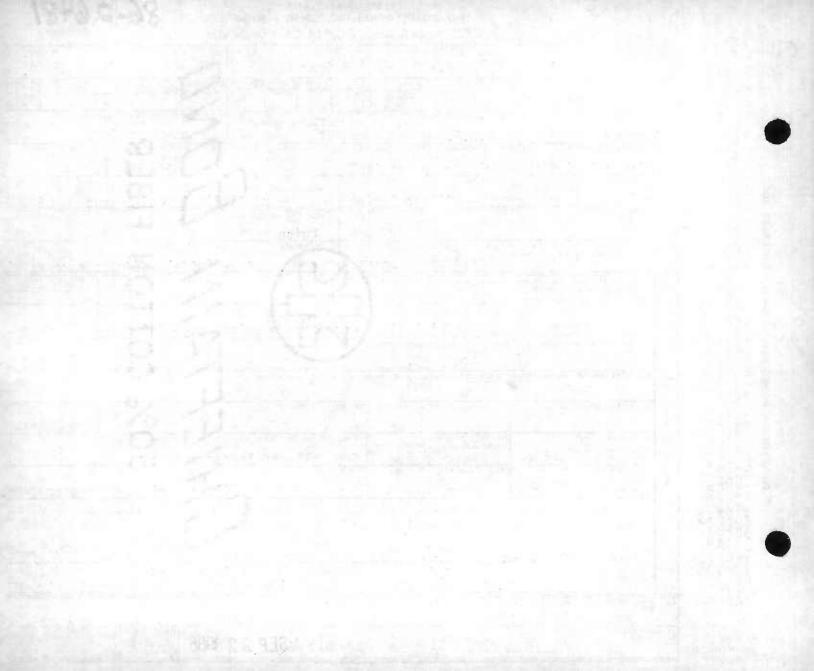
250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE SEP 1 7 1986

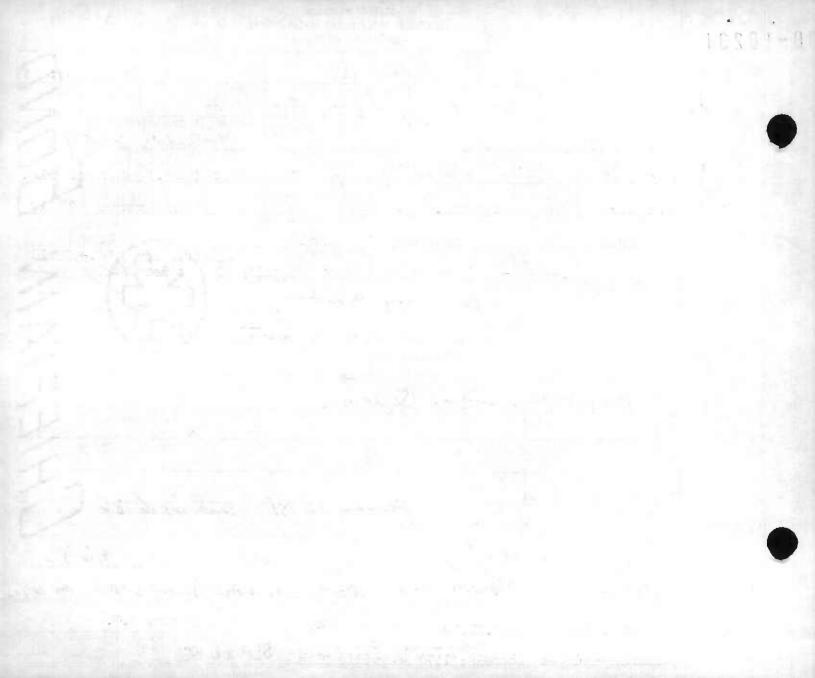
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STATE OF MARYLAND

STATE OF MARYLAND - STATE REGISTRAR DECEASED NAME KNOWN X (TYPE OR PRINT) OF ESTI-Erich Κ. Reimer 1086 4. RACE 3.58 P. " IF UNDER 24 HRS 2c. DATE PRONOUNCED ,86 Jun 7, 1908 White 78 DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXNEVER MARRIED FOREIGN COUNTRY) U.S.A Montgomery County DIVORCED Germany ID. CITY OR TOWN OF DEATH Silver Spring Holy Cross Hospital Hair Stylist 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland Montgomery Silver Spring 10815 Inwood Avenue 20902 14. FATHER'S NAME Otto Reimer Luise DIVISION 577-50-9087 Tana M. Reimer (Wife), address same as Lobar pneumonia IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which quadriplegia, secondary to spinal cord injury 19 days gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (o) stoting the under accident. 19 days PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION None 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL None YES 🗌 NO X 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING X OR 19 86 Son fell off ladder onto him CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) PAGE 4 SHOUID BE FORWARDI TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE D BALLIMORE, MARYLAND, 21201 AT WORK AT WORK Home Inwood Ayenue, Silver Spring. Montgomery. 220. I certify that I took charge of the remains described above, held on Autopsy Undetermined monner TITLE (SPECIFY) Deputy 10/23/86 MEDICAL EXAMINER 1919 Seminary Road John S. Rogers, M.D. Silver Spring, Montgomery County, MD Buria] 09-23-86 Suitland, P.G.Co, Maryland 07/84 Cemetery 25M 24. FUNERAL DIRECTOR **DHMH - 17** SEP 22 1986 Hines/Rinaldi F.H. 11800New Hampshire (VR A15 ME (5))





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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEA REGISTRAR . DECEASED NAME 20. DATE KNOWN STI MONTH (TYPE OR PRINT) DEATH MATED RALPH RINGLER 10 86 4 RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 2c. DATE 2d HOUR PRONOUNCED Male White Sept 2, 1906 DEAD 18 10 86 Th. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED [ DIVORCED Montgomery County Pennsylvania OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Silver Spring Holy Cross Hospital (DOA) Salesman 13a. STATE 13d INSIDE CITY LIMITS? 113e STREET ADDRESS Silver Spring NO □ 11550 Stewart Lane Maryland Montgomery M FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Bertha Hemple Samuel Ringler 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS IAL SOCIAL SECURITY NO Box 18. Boss Rd., RD #2 715-16-0267 LeRov Ringler WW II Ringoes, New Jersey 08 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MMMEDIATE CAUSE (a) Blunt thoraco-abdominal trauma DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULI EXECUTE THE CERTIFICATE, WRITING THE WORD "PROCE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WILL THE STATE DEPARTMENT OF HE BALTIMORE, MARYANG, 21201 PRIOR TO BURIAL, YES X NO 21a EXTERNAL CAUSE WAS TIME OF INHIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 1 P.M. 9-18-1986 Driver of auto/auto collision. 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21f LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK 29 & Stewart La., Silver Spring, Montgomery road 22a. I certify that I took charge of the remains described above, held an Autopsy and in my apinian death resulted fram Natural cause Suicide Undetermined manner TITLE (SPECIFY) ACTUAL DASSISTANT MEDICAL EXAMINER 9-19-86 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Metropolitan Crematory 09-22-86 Alexandria, Va. Cremation 07/84 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE. 24. FUNERAL DIRECTOR Hines/Rinaldi Funeral Home, Inc. **DHMH - 17** (VR A15 ME (5)) 11800 New Hampshire Ave, Silver Spring, Md.



STATE OF MARYLAND 00-17916 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO. DECEASED NAME 2n DATE OF DEATH TYPE OR PRINTS 4ARTHA 06-11 4 RACE 6 AGE LIN YEARS LAST BIRTHDAY) 5. DATE OF BURTH IN BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED MONTGOMERU WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ROCKVILLE SOUPL WOL SOCIAL WORKER MAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL 1136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE WASHINGTON H FATHER'S NAME EIRST MIDDLE MIDDLE ROGIN ROGIN THOMAS ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT IYES, NO OR BUNKNOWN) NONE (IF YES GIVE WAR OR DATES) LAWRENCE BROTHER 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 WIC OPSTRUCTIVE Conditions, if any, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 90. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO I 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR LIFETHER NOTIFY MEDICAL EXAMINERS P.M 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY AT HOME STREET FACTORY, OFFICE FARM ETC ) CITY OR TOWN COUNTY STREET STATE NOT WHILE AT WORK 220.1 certify that (this hospital) attended the deceased from saw the deceased alive an and that in (our) opinian death accurred on the date and haur and from the couses stated DEGREE **ATTENDING** PHYSICIAN [1] DIRECTOR PHYSICIAN [ 77e ADDRESS IDSON MONTROSE 23r NAME OF CEMETERY OR CREMATORY 23b. DATE BP CREMATION DHMH - 16 60M 7/84 HOME SIWER SPRING. (VRA 15, 4)

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U -	9 be 3 oge 3	69		CEASED NAME FIRST E OR PRINT)  ANA	E. (INITIAL		ROJAS	20. DATE OF DEATH MONTH	DAY YEAR   26. HOUR   10:25	5 P
7	ge 4 moy ector, po		3. SE	× FEMALE	4. RACE WHITE	S. DATE	H DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)  70 YRS.		HRS MIN.
•	deoth. Po unerol dii	Stenie Stenie		IRTHPLACE (STATE OR FOREIGN COTTH AMERICA ITY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUN	MARRIE		9. BALTIMORE CITY OR COUNT MONTGOMERY COL	INTY	MD.
1201	1	016	В	ETHESDA  LAL RESIDENCE (IF NURSING HOME)	111. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE THE CLINICAL	CENTER		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOMEMAKER	12b. KIND OF BUSINESS INDUSTRY HOME	OR
MARYLAND 2120	on Zaha	X.	13a. M	STATE 136 COL ARYLAND ATHER'S NAME		TOWN	13d. INSIDE CITY LIMITS?  YES NO 1  15. MOTHER'S MAIDEN NA	13e.STREET ADDRESS / ZIP COR 4521 EAST WEST	HWY, WAVERLY	081
MARY	omplete	/\$(		DEMETIRIO		TOQUE	VITALI	A MIDDLE	HOJAS	
BALTIMORE	be exect	e medico	160	(IF YES, C	GIVE WAR OR DATES)  UNKNO	SECURITY NO.	IT. INFORMANT (SON ALFONSO DAZ			·
RDS, 201 W. PRESTON	equires that the death consigned by the attendin	to bu	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT	DUE TO ORAS A CONS	e aorti	c regurgitation	alve replacement on 2° to thrombo	sed	
DIVISION OF VITAL RECORDS.	ing physicion. incertificate has bee	Hem ]	MEDICAL CERTIFICATION	September 12, 1 110, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 1114 INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH	prosth	etic valve	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ESNO PART I OR PART 2)	,
DIVISIO	oy the hospitol or otherd SAL DIRECTOR: After this	Dept. of Health and	WEI	WHILE AT WORK AT WORK  220.1 certify that (1) (this has sow the deceased alive cobove, (124 we) (did) (362)	pital) attended the deceased for	rom Novem	ber 11 , 19 78  nd that K(my) (our) opinion  DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/13/86	last
	TO FUNERAL	with the Stote	23a	BURIAL, CREMATION, REMOVAL	BBNS  123b. DATE 9/13/86			NAL INSTITUTES ONTER, BETHESDA,  123d LOCATION CITY OF TOWN RAL HOME WASH		
	DHMH - 16 (VRA 1			UNERAL DIRECTOR MARS NAME 217 9TH ST.N	HALL'S FUNER		E 25a. DA1	P 2 4 1986		

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED EUGENE DATE RONOUNCED June 9, 1909 77 YRS MARRIED NEVER MARRIED United States New Hampshire WIDOWED DIVORCED CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFET Lawver U.S. Gov't 136 COUNTY 13d. INSIDE CITT LIMITS? 13e STREET ADDRESS 15. MOTHER'S MAIDEN NAME Ross Janelle Louis Parmelie 7. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO 579-26-2485 Hazel M. Ross wife same as 13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO T 210 EXTERNAL CAUSE WAS 116. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH WHILE AT WORK PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARTINAND, 2120 27a I certify that I took charge of the remains described above, held an Homicide Undetermined monner TITLE SPECIFY: Sept. 23c. NAME OF CEMETERY OR CREMATORY Gate of Heaven Cemetery Silver Spring Buria] BP 07/84 25M 24 FUNERAL DIRECTO Robert A. Pumphrey Funeral Homes, P. A. 250. DATE REC'D. BY REGISTRAR **DHMH** - 17 (VR A15 ME (5)) 7557 Wisconsin Ave. Bethesda, Maryland 20814

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	1.	FOR STATE			DEPA		LEALTH AND MENT		ENE O O	L	0 -	0 7
9020		REGISTRAR					ICATE OF DEAT			3. NO.		
		CEASED NAME	FIRST	L	MIDDLE	01	AST		20. DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR
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2	1.5E	F		4 RACE	4	5. DATE O		YEAR	6. AGE IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
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2		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNT	Y? 8.	NEVER MARR	DIED [	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
2/5	Per	nnsylvania		U.S.A		WIDOW		CED []	Montgome	ry Cour	nty,	MD.
3	10, C	TY OR TOWN OF DEA	TH		HOSPITAL, NUR		OR OTHER INSTITUT	ION	120. USUAL OCCU			F BUSINESS OR
7	Ro	ckville					st Hospit	-a1	Business			r Repair-
18	UsU.	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION	, GIVE RESIDENCE BE	FORE ADMISSION)			13e STREET ADDRE			
A\$4		ryland	Mont	gomery	Gaithe:		YES X NO	IMII5?	842 Ouin	co Orcol	pard Rly	d #102
-		ATHER'S NAME	TOTIC	<b>BOILCL</b> y	Toarure.	Laburg	15. MOTHER'S MA	IDEN NAM	E		JATU BLV	4.11/2
143		Louis		WIDDLE	Ruben	stoin	POCO		M (DD	LE	Browd	77
0	16a V	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	16h SOCIALS		Rose 17. INFORMANT		CH	PHArch	DIOWG	. 20878
- de		YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	165-01	5609	Tda Rube	metai	n · 8/12 Ou	ince O	rchard B	1. 20070 1vd.,#102
2/	$\vdash$						Tua Rube	110 001	11,042 Qu	Trice Of		MATE INTERVAL
evel evel		18. CAUSE OF DEATH PART I. DEATH W	<b>H</b> (Enter on 'AS CAUSE	lly one cause pe DBY:	r line for (o), (b)	and (c).)	- 0	24.0	×			ONSET AND DEATH
6 E			IMMEDIAT	TE CAUSE (a)		Certify,	rar ce				30	7/9
90,4	1	A Section of the		DUE TO, C	R AS A CONSE	OUENCE OF		A-V	cry de	10010	1	+
atta frau	1	Canditions, if ony, gave rise to imm		(b)		Corce	rary	VICE	11.6	3. 4		160
ther.		couse (o), stofin underlying couse		DUE TO, C	R AS A CONSE	OUENCE OF	•					
010				(c)							**************************************	
3 6	z	PART 2. OTHER SIGN	NIFICANTO	ONDITIONS	ONTRIBUTING	A COLOR	NOT RELATED TO	THE TERMIN	AL DISEASE OR	S CC	IVEN IN PART IN	- shame
9 6	CERTIFICATION	190 DATE OF OPERA	TION	19h CONI	ITION FOR WH	ICH OPERATIO	N WAS PERFORME	0	20a AUTOPSY?	1206 IF Y	ES, WERE FINDIN	NGS LISED
207	5	DAIL OF GIERA		178. COLVE	THIS TOR THE	ien oremone	, r r r o r e n o n r e			INCERT	TIFYING CAUSES	
135	1 5	210. ACCIDENT WAS UNE	DERLYING T	21h TIME	OF INJURY	_	121r HOW IN IURY	YOCCURRE	YES NO	Z 1		140
£ 00	1991	OR CONTRIBUTING		110110 4		DAY YEAR		. 0000	TENTER TANDRE OF		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
17	MEDICAL	(IF EITHER, NOTIFY MEDI			OF INJURY	19	211. LOCATION					
1 1	MEC				REET, FACTORY, OFF	CE. FARM, ETC.)	STREET		CITY	OR TOWN	COUNTY	STATE
orks orks		AT WORK LAT WO	RK				10	770		1/21	9/	
\$ #		22a I certify that (I)				10	nd that in (my)-(a-w)	9 0	, to	a data and b		that (I) (wa) lost
2 9.0	1	sow the decease obove, (I) (we) (c	did) (dis no	t) view the bod	y after deoth.	, 0		) ориноп в	eoin occurred on i	ne date ond n		
Dep de de		226. SIGNATURE	//				DEGREE	NDING N	MEDICAL	STAFF	77t. DATE	12/21
# t t				7/2	1			SICIAN A	MEDICAL DIRECTOR PH	IYSICIAN 🗌	4	21/16
STA /	1	22d. PHYSICIAN'S NA	AME INNIO	any .			22e. ADDRESS		1	,	-/	11
WPORT P		0	CC9/	FR			1210	56	Jany e	down	Rd C	0. 3.
1 3/	230.	BURIAL, CREMATION,	REMOVAL			3c. NAME OF	CEMETERY OR CREM	MATORY	23d LOCATION	VN	COUNTY	30878
		Burial		9/23/	86	Judean	Memorial	Garde	n Olneva	Montgo	mery: M	aryland
OM 4/83	24 F	UNERAL DIRECTOR	DANZA	VSKY-GO	LDBERG 1	MEMORIA	L CHAPELS	25d CAT	RESTO ON RESTO	BAR 25b. REGI	STRAR'S SIGNAT	URE
5 A)		170 Pooler i						- Total				

0.0			1.	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE S	6 2 REG. NO.	6 %	7 0	
U U	-1/9	8		CEASED NAME	FIRST		MIDDLE		AST	20 DATE OF D	EATH MONTH		26 HOUR	
	4 85				ore	nce		59	ge		9-9	7-1986	4:25 Am	
	0 0 0	1	1, SE			4 RACE		5. DATE C	OF BIRTH		RS LAST BIRTHDAY)		IF UNDER 24 HRS	
1000	- B - D - D - D - D - D - D - D - D - D	19		Female		Whi	ite	5		86	Yrs.	DATA	MIN.	
	g + 10 c	Pr	7a B	RTHPLACE (STATE OR FOR	- 1	76. CITIZEN OF WHAT COUNTRY? 8.			D NEVER MARRIED	9. BALTIMOR	9. BALTIMORE CITY OR COUNTY OF DEATH			
•	10 m	76_/	-	ondon Engla		U.c	5 M.	WIDOWE	DIVORCED [		ONTGOM	IERY C	O. MD.	
The state of the s			1	3etherda.					are Center.	12ª USUAL OF	OR MOST OF WORKING LIF	E) INDUSTRY	126 KIND OF BUSINESS OR INDUSTRY  AT HOME	
MARYLAND 2120	24 hou filled in gold be	35		AL RESIDENCE (IF NURSING STATE 13	b. COUN	ITY	13c. CITY OR TO BRENTW(	NWN	134 INSIDE CITY LIMITS?	130 STREET AL	DORESS / ZIP CODE 38th ST		0722	
3,17	事 意の	9//	14. F.	THER'S NAME	1/11	MIDDLE	LAST		15. MOTHER'S MAIDEN	NAME				
MAS	p dd b	160	1	1,000	UNKN	Thos			UNKI	OWN	LAST			
BALTIMORE	- 15 mar - 0 - 1	12		VAS DECEASED EVER IN YES, NO OR UNKNOWN) (		MED FORCES? E WAR OR DATES)	540-22		17. INFORMANT  MARGARET J	OHNSON	ADDRESS 635 SILVE	CONCER R SPRING	RTO LA. G.Md.2090]	
RECORDS, 201 W. PRESTON ST., BAL	w requires that the death abritable open signed by the attending physical in Then alledow remove colon applying.	ing to buriol, premation, or removal.	ATION	PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause (0), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  UNDERTO, OR AS A CONSEQUENCE OF  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN P							EMIN PART 110	ASE INTERVAL MSET AND DEATH  BSC Blens GS USED		
¥	the language of the language and the lan	1	CERTIFICATION	21a. ACCIDENT WAS UNDER	LYING [	21b. TIME C	OF INJURY		21c HOW INJURY OCC		NO SYE		NO [	
DIVISION OF VIT	SKIAN ng phy certific	19	MEDICAL C	OR CONTRIBUTING CAN (IF EITHER, NOTIFY MEDICAL 21d INJURY OCCURRED	EXAMINER	Р	.M. MONTH	DAY YEAR	ZII. LOCATION (	IA				
DIVISIO	offer this	orked o	MEC	NOT WHILE AT WORK	A.F	(AT HOME ST	OF INJURY IREET, FACTORY, OFFIC	E FARM ETC )	STREET	IA	CITY OR TOWN	COUNTY	STATE	
	TTENDI Pital oc TOR A	2 km		22a   certify that (1) (this haspital) attended the deceased from 7 10 1986, to 9 9 9 1986, that (1) (we) last saw the deceased alive on 1986, and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated above, (1) (we) (dig) (100) view the body after death.										
	TAL OR A y the hos RAL DIREC	AT. # Item		27b. SIGNATURE	1	y diver dedin.	M		MEDICAL DIRECTOR	STAFF PHYSICIAN	9.9.	SC.		
	O HOSPITAL Hoined by H TO FUNERAL	MPORTA		RAMAN K	. TYPE O	TULI.			16220 F	REDERIC	K Rd. G.	AITHER	SBURG, Md	
		-1		BURIAL, CREMATION, RE	MOVAL	23b. DATE			EMETERY OR CREMATOR	CITY O	NWOTS	COUNTY	STATE	
	BP		24.5	BURTAL JNERAL DIRECTOR		9-12-	1986	ARLING	25- 5		INGTON.	ARL, CO.	VA.	
	DHMH - 16 50 (VRA 15,			. W. CHAMBE	RS C	0.5801	CLEVELA	ND AVE	Md.	SEP 15	SISTRAR 256. REGIST	KAR S SIGNATU	1	
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NDING PHYSICIAN: The law

the haspital or attending physician.

DHMH - 16 66M. 7/ (VRA 15, 4)

-	FOR STATE REGISTRAL		D	EPARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYC ICATE OF DEATH		6 4 9
	I. DECEASED NA		MIDDLE		LAST	REG. NO.	DAY YEAR 26 HOL
1	(TYPE OR PRINT)	BULA	Ε.	SAND		9 1	7 86 5
1	3. SEX		4. RACE	5. DATE (		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER
12	Female		White	No	0 - 1	89 YRS	MONTHS DATS HOURS
11	70. BIRTHPLACE	STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
20	Texas		U.S.A.	WIDOWE	- 1/2/2	MONTGOMERY COUNT	ΓY
10	BETHESD	12.1	CARRIAGE HI		DR OTHER INSTITUTION  DA	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFT SCHOOL Teacher	12b. KIND OF BUSIN INDUSTRY Teaching
7	USUAL RESIDENCE	E (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENT 13c. CITY	OR TOWN	13d INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / ZIP CODE 3900 Watson Pl.	9999
50	FATHER'S NAM			LIIG COIL, IO	15. MOTHER'S MAIDEN NA		9 M M 20020
6/1/	FIRST		MIDDLE DOWN	erly	Mary	WIDDLE	Carter
100		stopher SED EVER IN U.S. AR/		IAL SECURITY NO.	17 INFORMANT	ADDRESS	OCT CCT.
27	(YES, NO OR UNK	NOWN) (IF YES, GIV	E WAR OR DATES)	-30-3465	Ungal M Mass	rdock, Same addre	ee se #13.
-	No				nazer M. Mu	dock, same addre	
4	18 CAUSE PART I.	<b>OF DEATH</b> (Enter on DEATH WAS CAUSE)	ly one couse per line for to DBY:	01	+ 1		APPROXIMATE INTE
9		IMMEDIAT	E CAUSE (o)	Showe	consistence a	cart tribure	16 14
9		), stoting the	DUE TO, OR AS A CO	INSEQUENCE OF			
y injury, or oth		HER SIGNIFICANT C Cere bral	ONDITIONS CONTRIBUT	ING TO DEATH BUT	neth left he	The Total Control	42
Tows ony injury. or oth	PART 2 OT		(c)	ING TO DEATH BUT	neth left he	206 AUT PSY? 206. IF YES IN CERTIF	5, WERE FINDINGS USE YING CAUSES OF DEA
18 strows ony injury, or oth	PART 2 OT  190 DATE O	HER SIGNIFICANT OF LOS AND THE SIGNIFICANT OF LO	ONDITIONS CONTRIBUT  FINAL A  196 CONDITION FOR  216 TIME OF INJURY HOUR A.M. MON	ING TO DEATH BUT  AULUS  WHICH OPERATIO  NTH DAY YEAR	neth lift he IN WAS PERFORMED	206 AUT PSY? 206. IF YES IN CERTIF	6, WERE FINDINGS USE YING CAUSES OF DEA S NO
r frem 18 shows ony injury, or oth	PART 2 OT  190 DATE O	HER SIGNIFICANT C	ONDITIONS CONTRIBUTE  196 CONDITION FOR  196 CONDITION FOR  196 HOUR A.M. MON P.M.	ING TO DEATH BUT  WHICH OPERATIO  WITH DAY YEAR  19	neth left he IN WAS PERFORMED  216 HOW INJURY OCCUR	206 AUTOPSY? 206 IF YES NOX YES	5, WERE FINDINGS USE YING CAUSES OF DEAT S NO
orked or Item 18 straws ony injury, or oth	PART 2. OT  OUT  190 DATE O  191 DATE O  OUT  OUT  OUT  OUT  OUT  OUT  OUT  O	HER SIGNIFICANT C	ONDITIONS CONTRIBUT  FINAL A  196 CONDITION FOR  216 TIME OF INJURY HOUR A.M. MON	ING TO DEATH BUT  WHICH OPERATIO  WITH DAY YEAR  19	neth lift he IN WAS PERFORMED	206 AUTOPSY? 206 IF YES NOX YES	5, WERE FINDINGS USE YING CAUSES OF DEAT S NO
n 21 is marked or them 18 straws ony injury, ar oth	PART 2 OT  190 DATE O  190 DATE O  210. ACCIDER OR CONTRIBUTION VINITE IN JURY VINITE IN JURY 270.1 certif	HER SIGNIFICANT O  LINE MAN INDERLYING  JITING CAUSE OF DEA  HOTHEY MEDICAL EXAMINER  OCCURRED  NOT WHILE ALMORE  ALMORE HOTE HOTE HOTE HOTE HOTE HOTE HOTE HOT	ONDITIONS CONTRIBUT  IND CONDITION FOR  19b CONDITION FOR  11b TIME OF INJURY HOUR A.M. MON P.M.  21e PLACE OF INJURY	NTH DAY YEAR  19 Y Y, OFFICE FARM, ETC.)	216 HOW INJURY OCCUR 216 LOCATION STREET 19	206 AUTOPSY? 206. IF YES IN CERTIFYES NOX YES	S, WERE FINDINGS USE. YING CAUSES OF DEA! S NO [ ART LOR PART 2]  COUNTY S
ITT HT: If them 21 is marked or them 18 straws ony injury, or oth	PART 2 OT  190 DATE O  110 ACCIDET OR CONTRIBUTION (IF ETHER N  21d. INJURY WHILE A WORK 27d. I certif sow th obove, 27b. SIGNA	HER SIGNIFICANT OF LINE AND THE MEDICAL EXAMINER  TO CCURRED  NOT WHILE A LIVE OF LIVE AND THE MEDICAL EXAMINER  THOUGHT WHILE AND THE MEDICAL EXAMINER  THOUGHT WHILE AND THE MEDICAL EXAMINER  TO CCURRED  NOT WHILE AND THE MEDICAL EXAMINER  THE MEDICAL EXAMINER  TO CCURRED  NOT WHILE AND THE MEDICAL EXAMINER  THE MEDICAL EXAMINE	ONDITIONS CONTRIBUT  196 CONDITION FOR  196 CONDITION FOR  196 CONDITION FOR  197 HOUR A.M. MON P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTOR)  10) oftended the deceoses	NTH DAY YEAR  19 Y, OFFICE, FARM, ETC.)  d from  19 19, OFFICE, OFFICE	216 HOW INJURY OCCUR  216 LOCATION STREET  217 LOCATION STREET  ATTENDING PHYSICIAN  226 ADDRESS	206 AUTOPSY? 206. IF YES IN CERTIF YES NOW  CITY OR TOWN  CITY OR TOWN  MEDICAL STAFF DIRECTOR PHYSICIAN	S, WERE FINDINGS USE YING CAUSES OF DEA' S NO [ ART LOR PART 2)  COUNTY  19 that (I) () r and from the couses str
IMPORTANT: If them 21 is marked or them 18 strows ony injury, or oth	PART 2 OT  190 DATE O  190 DATE O  210. ACCIDER OR CONTRIBUTION (IF ETHER N  210. I Certif Sow 11 Sow 11 Sow 11 Sow 12 CONTRIBUTION 270. I Certif ADDOVE, 272. SIGNA	HER SIGNIFICANT OF LINE AND THE MEDICAL EXAMINER  TO CCURRED  NOT WHILE A LIVE OF LIVE AND THE MEDICAL EXAMINER  THOUGHT WHILE AND THE MEDICAL EXAMINER  THOUGHT WHILE AND THE MEDICAL EXAMINER  TO CCURRED  NOT WHILE AND THE MEDICAL EXAMINER  THE MEDICAL EXAMINER  TO CCURRED  NOT WHILE AND THE MEDICAL EXAMINER  THE MEDICAL EXAMINE	ONDITIONS CONTRIBUT  19b. CONDITION FOR  19b. TIME OF INJURY HOUR A.M. MON P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)  1) view the body offer deof	ING TO DEATH BUT  WHICH OPERATIO  NTH DAY YEAR  19  Y Y, OFFICE FARM, ETC.)  d from  19  M.D.	216 HOW INJURY OCCUR  216 LOCATION STREET  217 LOCATION STREET  ATTENDING PHYSICIAN  226 ADDRESS	206 AUTOPSY? 206 IF YES IN CERTIF YES NOW YES RED (ENTER NATURE OF INJURY IN ITEM 18 P.  CITY OR TOWN  deoth occurred on the date and hour	S, WERE FINDINGS USE YING CAUSES OF DEA' S NO [ ART LOR PART 2)  COUNTY  19 that (I) () r and from the couses str

The state of the s

8774	1 -	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		) section	7 0
er depth		CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	(111)		Evere	tt	L.	Sar	itos	September	19, 198	36	11:45P M
- 1	3. SE			4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY) IF L	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.
		Male		Caucas	sian	Octo	ber 26,1886	99	YRS	UA IS	7,000
.1.		RTHPLACE   STATE OR F	OREIGN		WHAT COUNTRY	8		9. BALTIMORE CITY O		DEATH	
X		COUNTRY) Cuba CITY OR TOWN OF DEATH Potomac		United	1 States	WIDOW	D NEVER MARRIED DIVORCED	Montgome	rv Com	untv. MD	
Z.				11. NAME OF	HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	120. USUAL OCCUPATI	ION	12b. KIND OF BUSINESS OR	
0				(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 8540 Horseshoe Lane				(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  President Import/Ex			
	JUSU.	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION	N. GIVE RESIDENCE BEFOR	E ADMISSION)				Impo.	LC/ Export
4		ryland		gomery	Potomac Potomac	VN	13d. INSIDE CITY LIMITS?	8540 Horse		ane /	20854
4		THER'S NAME	HOLLE	Gomery	TOCOMOC		15 MOTHER'S MAIDEN NA	ME	JOHOC AI	1110 /	20054
1		FIRST		MIDDLE	Contro	_	FIRST	WIDGLE		Engu:	ST
1	14 - 1	Paul	DA 21114	MED EODOESS	Santo 1166 SOCIAL SEC		Josefa 17. INFORMANT	ADDR	ESS	Eligu.	riez
		YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)							11.10
		Yes	WW	ΛT	081-12-	43/0	Mr. Everett J	. Santos, S	on, Sar		
		18. CAUSE OF DEAT PART I. DEATH W	H (Enter an	nly ane cause pe	er line far (o), (b), a	nd (ci.)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
nding physicion carbanpopers. F , or removal. notic event, the n		PARTI. DEATH W		TE CAUSE (a)_	Ca	rdiop	Ilmonary Arres	t		Immediate	
				DUE TO (	OR AS A CONSEQU	ENCE OF					
other traumatic		Canditians, if any,	which	(			ic Cancer			5 Years	
ony injury, or	NOL			NT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER  196. CONDITION FOR WHICH OPERATION WAS PERFORMED							
2	CERTIFICATION	19a. DATE OF OPERA	TION	19b. CON	DITION FOR WHIC	+ OPERATIO	DN WAS PERFORMED	20a AUTOPSY?	IN CERTIFYII	NG CAUSE	NO DEATH?
9		2] g. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DE	ATH HOUR	of injury a,m. month [ p.m.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART	I OR PART 2}	
	MEDICAL	21d. INJURY OCCUR	RED		E OF INJURY	EARA ETC \	211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	2	WHILE NOT WE	, D.								
	ı	22a   certify that (I)	(this hasp	ital) attended	the deceased from	J	ine 15 19 86		19 19	86	, that (I) (we) lost
5	1	saw the deceas	ed alive ar	-284	19_	36.	nd that in (my) (aur) apinian	death accurred an the d	ate and hour a	nd fram the	e causes stated
E		220. I certify that (I) (this haspital) attended the deceased from 19 86 , to 19 86 , to 19 86 , that (I) (we) los saw the deceased alive an 19 86 , and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated above. (I) (we) (did) (did not) view the bady after death.  220. DEGREE 220. DATE SIGNED									ESIGNED
±		X	in	0)	well	DM	D. ATTENDING	MEDICAL STA	FF CIAN [	91	20/86
MPORTANT	1	22d. PHYSICIAN'S N.	AME (TYPE				22e. ADDRESS			()	
5/		DAVI	0 1	2×	COBS,	~ D.	6314	TONE	Da, B	n tex	Scha US
1		BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	23b. DATE 22,19	Sept. W	NAME OF	CEMETERY OR CREMATORY IN North	23d. LOCATION CITY OR TOWN		COUNTY	STATE
							Cemetery	Miami TE REC'D. BY REGISTRAF	125 DECISTO		lorida
84					umphrey F		L Homes,	IE REC D. BT REGISTRAN	P 1 R	ANDIGNA	TORE CONTRACTOR
		A., 300 W.									

Audita, directains, the

any injury, or other traumotic event,

TO FUNERAL DIRECTOR: After this certificate hos been signed by the otten should be detached for use as the burnol-transit permit. Then please remove c with the State Dept. at Health and Mentol Hygiene prior to buriol, cremation. IMPORTANT: If Hem 21 is marked or Item 18 statement injury, or ather traum

poge 3

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6

2 6

REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.			
1 DECEASED NAME (TYPE OR PRINT)	FIRST		W.	2	chaake	20. DATE OF DEATH	MONTH 8	20	YEAR 86	26 HOUR 5:10 an
3. SEX		RACE	W .	5 DATE C		6 AGE (IN YEARS LAST			ER I YEAR	741
male		white	2		. 11,1905		ears	MONTHS		HOURS MIN.
Baltimoe		U.S.	WHAT COUNT	RY? 8 MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY				MD.
Rockvil	Le	Natio	nal L	uthera	n Home	12a USUAL OCCUP.				of Business or
ISUAL RESIDENCE (# 130. STATE Maryland	1136 COUNT		GIVE RESIDENCE B		13d. INSIDE CITY LIMITS?	901 Arc			. 20	902
FATHER'S NAME William	M	IDDLE	Schaak	е	Anna	ME MIDDLE		Ki	ipp^	ST
160 WAS DECEASED E (YES NO OR UNKNOW NO			166 SOCIAL S 212-		7 Dr.Richar		ress R	00kv	7ill Vei	le,Md. irsDr.
18 CAUSE OF D PART I. DEA	DEATH (Enter only TH WAS CAUSED IMMEDIATE		line for (o go	Jond ich	Septicimi	ā	- 30	-	100	CHIEF AND OFFICE
	immediate stating the couse last	(c)	R AS A CONSE		NOT RELATED TO THE TERM	AINAL DISEASE OR CO	ONDITION (	GIVEN IN	PART 1	0
210 ACCIDENT WAY	PERATION	196 COND	ITION FOR WE	IICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES □ NO 3	IN CER			NGS USED 5 OF DEATH? NO
OR CONTRIBUTING	CLUBBED	21b. TIME C HOUR A. P.	M. MONTH M.	DAY YEAR	21c. HOW INJURY OCCUR				R PART 2)	
ANUITE IN	OT WHILE AT WORK		REET, FACTORY, OFF	ICE, FARM ETC)	STREET	CITY OF	TOWN		YINUC	STATE
sow the de		ol) attended the officer of the offi	100	9 80.0	nd that in (my) (aur) opinion	deoth occurred on the	date and h			that (I) (we) lost couses stated
1	'S NAME' (TYPE OR		rly,	MIX	ATTENDING	MEDICAL S DIRECTOR PHY	TAFF SICIAN []		20 Au	ignifery
140		Do0/1		7	Roc	uville,	MAX	eyl	mr	20051
230. BURIAL, CREMAT		23b DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COU		STATE
Buri 24 FUNERAL DIRECTO The H	OR	1 2 3 1			Wash.D.C.		More AR 266. REG			URE

DHMH - 16 60M 7/B4 (VRA 15, 4)

17021-00

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Anna dan

- Telephone

Mary make had

31.01.07

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 20. DATE OF DEATH MONTH 1. DECEASED NAME (TYPE OR PRINT) 7:44A Lillian Schwartz September 18 1986 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR April 10, 1901 Female White To BIRTHPLACE ISTATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED . NEVER MARRIED England U.S.A. Montgomerv 10. CITY OR TOWN OF DEATH 11...NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Montgomery General Hospital INDUSTRY Olney Home Homemaker Brooklyn 13e STREET ADDRESS / ZIP CODE 113d. INSIDE CITY LIMITS? New York 800 Cortelyou Road 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Glicksberg Morris Bond Rockville, Md. 20853 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT 057052-3495 Sidney Schwartz; 4628 W. Frankfort Drive; APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), and riest PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (a), stating ASCVD underlying couse ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 · lacto 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 10b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC ) 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on \_, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death DEGREE 226. SIGNATURE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME THE COPRINT 270 29001 Olney-Sandy Spring Road Neil Julie, M. D. Olney, Maryland 20832 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Clifton Park, New Jersey 9/21/86 King Solomon Cemetery 24 FUNERAL DIRECTOR DANZANSKY - GOLDBERG MEMORIAL CHAPELS 250 DATE RECTOR BY RE 1170 Rockville Pike; Rockville, Md. 20852

-19476	1 -	FOR STATE REGISTRAR				CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	2 6 -	. 98
		CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH MONTH		2b. HOUR
moy be poge 3 rer death	1	EST			BB S	COTT		SEPTEMBER 27	, 1986	12:30A
4 00	3 SE	× FEMALE		4. RACE WHITE		5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
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n ond cor Poges 1	16a \	WAS DECEASED EVER I		MED FORCES? E WAR OR DATES)	166. SOCIAL SECU 228-44-4		Mark P. Lehe		oeck Road , M <sub>d</sub> . 209	
w requires that the been signed by the mit. Then please remorior to burial, cremony injury, or other t	ATION	Ann.	lost.	CONDITIONS COLOR	cuis Eggs	DEATH BUT	NOT RELATED TO THE TERM	120a AUTOPSY?   20b.	IF YES, WERE FIND	OINGS USED
N: The la yssicion. cote hos onsit per Hygiene Hygiene	AL CERTIFICATION	21g. ACCIDENT WAS UND	AUSE OF DEA	HOUR A	OF INJURY A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	YES NOTE NOTIFIED (ENTER NATURE OF INJURY IN IT	YES CAUSE YES CAUSE OF PART 1 OR PART 2)	NO 🗆
or othending ph After this certifice os the burioliti pith and Mental marked or Hemal	MEDICAL	21d. INJURY OCCURR  WHILE NOT WH AT WORK AT WOR	RED	21e. PLACE	OF INJURY TREET, FACTORY, OFFICE F		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
OR ATTEN(OR PEN)		220. I certify that (I) sow the decease gbave (I) (make) 226 SIGNATURE	ed olive on	26	Dry 19_	0	nd that in (my) (auc) opinion DEGREE ATTENDING PHYSICIAN	deoth occurred on the dote or	22c. DAT	that (I) (we) loss the couses stated IE SIGNED
TO HOSPITAL (retoined by the TO FUNERAL Eshould be detoined the Store EllimphoRTANT: It importants the store of the Store EllimphoRTANT: It is should be detoined to the Store EllimphoRTANT in the Store EllimphoRTA		22d PHYSICIAN'S NA			M. D.		OLNEY, MD.	DIRECTOR PHYSICIAN   20832		Oyn c
₽ ₽ ₽ \$ \$ <b>BP</b>	230.	BURIAL, CREMATION, (SPECIFY) BURIAL	REMOVAL		29,1986		DS CEMETERY.	23d LOCATION CITY OR TOWN SANDY SPRING	G MONT.	MD.
DHMH - 16 50M 4/82	24. F	UNERAL DIRECTOR	BARR	ER LAY	TONSVALL	E. MD	20879	EP 12 19 1988 256. R	EGISTRAR'S SIGN	ATURE

(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH DECEASED NAME 2b HOUR TYPE OR PRINTS EANNETTE IF UNDER 1 YEAR 6 AGE (IN YEARS LAST BIRTHDAY) May 29, May YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE Th. CITIZEN OF WHAT COUNTRY? ( STATE OR FOREIGN MARRIED NEVER MARRIED England Montaomeru DIVORCED [ WIDOWED 12b. KIND OF BUSINESS OR III. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION INDUSTRY Secretary B'Nai Brith lakoma fark USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e.STREET ADDRESS / ZIP CODE Apt. 615 Maryland Montgomery 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE FIRST Abraham Carliph Bertha Caminesky 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 4948 Virginia Street, (IF YES, GIVE WAR OR DATES) 093-12-4197A Stanley A. Seidlitz Fairfax, Virginia 2203; BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for 101) (b) and (c).)
PART I. DEATH WAS CAUSED BY: hoc IMMEDIATE CAUSE (0) DUE TO, OF AS A CONSEQUENCE OF neumonia Conditions, if any, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1:0 CERTIFICATION inter ranulomatous 19n DATE OF OPPRATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b, IF YES, WERE FINDINGS USED 20a AUTOPSY? CERTIFYING CAUSES OF DEATH? NO YES [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a 1 certify that (1) (this hospital) attended the deceosed from sow the deceased dive on above, (I) may did (all not) view the body after death. and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE MEDICAL STAFF ATTENDING PHYSICIAN P DIRECTOR PHYSICIAN MPORTANI 22e. ADDRESS 0 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIF Burial King David Mem. BP. Falls Church Garden DUNATORSTEIN HEBREW MEMORIALS FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C. DHMH - 16 60M 7/84 SEP Danden (VRA 15, 4)

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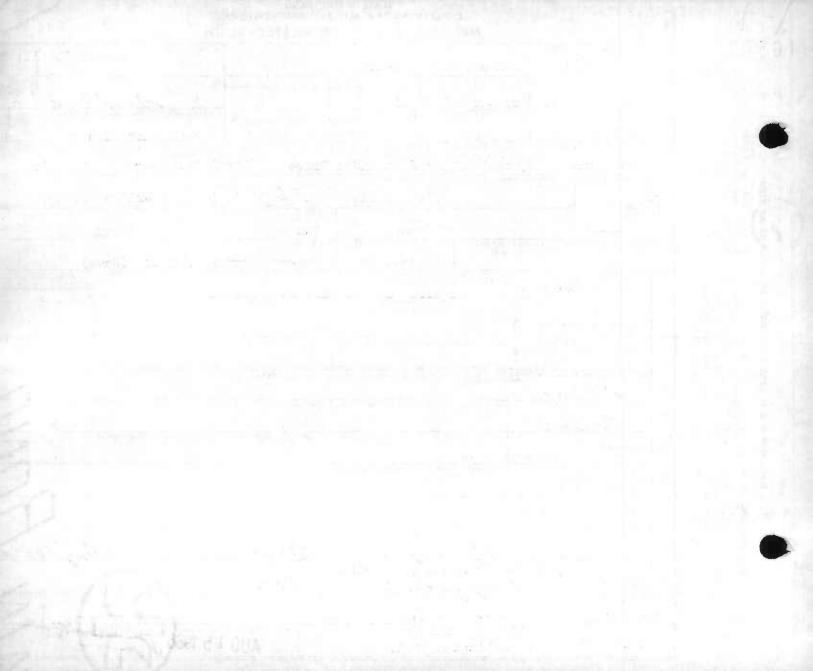
	1.	FOR STATE REGISTRAR	DEPART	MENT OF SEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE O O	6. 0 3 0 4
-19021		CEASED NAME FIRST JULIU	MIDDLE	SELIGMAN	SEPT. 2	MONTH DAY YEAR 26 HOUR
моу	3.5E	X	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	
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ooth. Poor		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? U.S.A.		9 BALTIMORE CITY O	OR COUNTY OF DEATH  MERY
offer de		THESDA	11. NAME OF HOSPITAL, NURSII	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Salesman	ION 126. KIND OF BUSINESS OR
124 hours	USU. 13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUL	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	ESDA YES X NO [	13e STREET ADDRESS 5015 BA	ZIP CODE DAVI
omplet drade the	14. F/	THER'S NAME Leopold	Seligr	nan Jacobin	a.	Wolf LAST
e execut		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	WED FORCES? 166 SOCIAL SECTION (NEW AR OR DATES) 577-22-8		Daughter; 11	Kensington, Md.20895 224 Woodson Ave.;
that the death certificate I by the attending physic case remove carbon papels, cremotion, or removal rather traumatic event, the		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	ENCE OF	with nes	d lyv.
equires in signed. Then ple	NO.	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CONTRIBUTING TO</u>	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 110
he law on. hos beer t permit	CERTIFICATION	19a DATE OF OPERATION	1%, CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
5 PHYSICIAN: The trending physicion in this certificate in the busici-transit and Mental Hygie ed or frem 18 sho		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR 19 21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)
DING PHYS or oftendir After this can the bundle of the bun	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	PARM, ETC.)  21f LOCATION STREET	CITY OR TO	OWN COUNTY STATE
ATTENDIR		22a.1 certify that (I) (this box sow the deceased hive or above, (I) (we) (did) (did) 27b SIGNATURE	view the sod after death.	nod that (my) our) apinion of DEGREE	, tod on the d	ote and hour and from the couses stated  122. DATE SIGNED
that OR the P the the P the T the P		myron L.	Lenku	ATTENDING	MEDICAL STA	FF 9/2 - 121
TO HOSPIT electrical by thould be of with the Str.	02	MYRON L.	Lenkin. O.			o. SSPG, MD. 2090
BP]	UR	Burial, Cremation, removal (Specify) TAL	9/24/86	NAME OF CEMETERY OR CREMATORY WASH. HEBREW CEN		NGTON D.C
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F		Y-GOLDBERG ME LE PK. ROCKVI		e rec'd. By registrar	256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND

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103	009		CEASED NAME PE OR PRINT)		Tadaa			LAST		OF ESTI-	August	10	2:40
	VECESSARY, PLEASE UNERAL DIRECTOR. S. FOR YOUR FILES. WITHIN 72 HOURS V. PRESTON STREET,	3. SEX		Sonya 4. RACE	Leisa	5ne	rman	DER T YR. IF UNDER		ATH MATED	MONTH DAY	1986 YEAR	a M
	RECIPIED STREET				MONTH DAY	YEAR LAST BIRTHE	DAY) MONT		MIN. PRON	DATE IOUNCED	10		1 150
	N YOU WAR	100	nale	White	October 4	1,1950 35 V	/RS.			LTIMORE CITY O	R COUNTY OF	19 FATH	M M
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	HY DELAY IS NEC TIAIN PAGE 5 FF FILD BENEED, WI CORDS, 201 W.	USU	AL RESIDENCE	(IF IN NURSING HOME C	OR OTHER INSTITUTION, GR	VE RESIDENCE BEFORE ADMISS			1		У Т	aw Fi	rm
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63	E-508	14. F/	ATHER'S NAME FIRST		MIDDLE	LAST		TS. MOTHER'S MAID	EN NAME	MIDDLE		LAST	
1 2	AN WAS	1	Murra	ay		Sherman		Ina			Tavan		
	AFTER IVE PA H FOR AGES 1 ISION	160. \	ES, NO. OR UNKNO	DEVER IN U.S. AR/	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURI		17. INFORMANT		ADDRESS			
T. W.			no			215-46-49	99	Murray S	Sherman,	Father	(Same)		
b	HOURS M 18. G MG WIT RMIT. P.		18 CAUSE OF	F DEATH (Enter on ATH WAS CAUSE	ly ane cause per line			1.	1		BET	PPROXIMATE WEEN ONSET	AND DEATH
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2	ARIO PARIO	MEDICAL	CONTRIBUTIN	NG CAUSE OF I		DF INJURY (AT HOME,	1211 1 0	CATION					
2	GER SE	MED	216 INJURY O			ORY, FARM, ETC.)		STREET	CITY	OR TOWN	COUNTY		STATE
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	A PETER SELECTION OF THE PETER SELECTION OF T		death resulte	ed fram: Natur	ral causes .	Accident, S	uicide 🔲	, Hamicide .	Undetermine	ed manner			
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	TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATE OF BATTIMORE, MARYLAND, 21201 P	1	(TYPE OR PRIN		C. Vps	- Md		ADDRESS 207	13/100:00	ON			
		(	SPEC(FY)		3b DATE	23t. NAME OF CE			23d. LOCATION	/N	COUNTY	STA	ATE
	BP		Crematic UNERAL DIREC		8-11-86	<u>lee's Cr</u> eral Home	emato	175a DATE	REC'D. BY REGI	Shington STRAR 256. REGIS	STRAKS SIGNIA	B.C	12
	DHMH - 17 (VR A15 ME (5))				: Washing	ton DC			AUG 15	1986 1-	المنافعة المنافعة المنافعة	in the same	V.4
	20M 4/82					con, D.C.			NOU - 0		, ,, b,		



11-	FOR 10/01/86 2				AND MENTAL HYG	42 40	2 6	5 0	ding.
8 1.0	REGISTRAR ECEASED NAME FIRST STREET OF PRINTS	ME	MIDDLE MIDDLE	1	ERTIFICATE OF D	20. DATE KNOWN OF ESTI-		DAY YEAR	В. ноів 35.
	Ni	na	К.		flette	DEATH MATED	□ 9 2		PM
3 SE	EX 4 RACE	5. DATE OF BIRTH	6. AGE (IN Y YEAR LAST BIRTHI	EARS IF UNI	DER 1 YR. IF UNDER 24 H	RS. 2c. DATE PRONOUNCED	HTMOM	DAY YEAR	2d. HOUR
I	Female White		1896 90		DATS HOURS MIN	DEAD	. 8	26 1986.	8:35N
7a. E	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	N
4	Ohio	USA		WIDOWI	D DIVORCED	$\square$   Montgome			MD.
10. 0	CITY OR TOWN OF DEATH	(IE NOT IN SUCH EA	SPITAL, NURSING HOM			USUAL OCCUPATION (		2b. KIND OF BU OR INDUSTE	SINESS
Ta	akoma Park	Washing	ton Adver	ntist	Hospita1S	ecretary-l	Dept.	of Agr	
13a.	JAL RESIDENCE (IF IN NURSING HO STATE 13b. CC Maryland M		13c. CITY OR TOWN	SION)	13d. INSIDE (114 LIMITS?   13e. YES\$ NO [ ]	street address 1624 Locks	wood b	Apt.:	302
14.1	FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN N	AME MIDDLE		LAST	
	Stephen		Shiffle		Jenny			ndford	
160	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURI		17.18703 Sum			antowr	n, Md.
	N/A		579 50 6	5965T	Morton Ch	urchill (F:	riend)		
	18 CAUSE OF DEATH (Enter	r only ane cause per line						APPROXIMATE BETWEEN ONSET	
		DIATE CAUSE (a)	Respirato	ry ar	rest				
1	1008	1	AS A CONSEQUENCE	OF					
7	Canditians, if any, w	iate (b)	Sensis 2nd.	hita	tural pneumo	nia			
	lying cause last.	der- DUE TO, OR	AS A CONSEQUENCE	OF					
		(c)		_	litis follow				
NO	PART 2 OTHER SIGNIFICANT CONDIT	one				of right hi	P		123
CERTIFICATION	190. DATE OF OPERATION		TION FOR WHICH OPE		AS PERFORMED?			20 AUTOPSY?	,
Ĕ	August 1986		acture righ	_				YES 🗌	NO 🔀
			FINJURY A. MONTH DAY YEA	AR	W INJURY OCCURRED (EI	NTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART	2)	
S	CONTRIBUTING CAUSE	OF DEATH P.A	A.Aug. 19		11 at home				
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE		OF INJURY (AT HOME, TORY, FARM, ETC.)		REET	CITY OR TOWN	COUN	MIA	STATE
2	WHILE NOT WHILE AT WORK	H	ome	116	24 Lockwood	Dr. Silver	Spring,	Montg.	Md.
	220. I certify that I took c	harge of the remains de	scribed abave, held an	Autaps	y , Inspection X	k Inquiry .	and in my opin	nion	
-		lart) al causes ,		uicide .		ndetermined manner	]		
	3031110331103110111	100	1)		TITLE (SPECIFY)			100	
	ACTUAL SIGNATURE	5	1 (maye	L M	Den	MEDICAL EXAMINER	DATE	9-27,1	.986
			0	1		MEDICAL EXAMINER	SIGNED		
1	EXAMINER'S NAME (TYPE OR PRINT)	Dr.John F	Rogers.DME		ADDRESS 1919	Seminary :	Rd.S.S	.Md.	100
23c.	BURIAL, CREMATION, REMOV.		23c. NAME OF C			d. LOCATION			. 75
	(SPECIFY) Cremation	9/28/86			an F.Servi		ria Wi		TATE a
24	FUNERAL DIRECTOR	11800	New Hamp	.Ave.	250. SEPEC	2 BORE 1980 R 236. RI	EGISTRAR'S SM	HAR URE	
	Himes/Rinald		Spring,		OL1 4	1000			**
-									

1 1 2 2

## FOR - STATE REGISTRAR DECEASED NAME

TYPE OR PRINT

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

O	0

	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after dea retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and complicately filled in by the fune should be detached for use on the burnelstrains permit. Then priors e remove controppers. Pages I chiefly character filled within 5 with the Store Dear of Health and Mantal Houne prior to brighted removation or removal.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ŧ	the regre
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4	TO HOSPITAL OR ATTENDING PHYSICIAN, The I retained by the haspital or ottending physician.	for
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	T e	T de 3

e e e e e e e e e e e e e e e e e e e	{ TYP	PE OR PRINT)	wrence			Shub		9/15/86		
p a	3. SE	X	4 RACE		5 DATE C	F BIRTH		6 AGE (IN YEARS LAST BIRTHDAY		
ector.	20	Male	White	e	Feb		YEAR 20	66		
Po of Po		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUN	TRY? 8	NEVER MAR	DIED [	BALTIMORE CITY OR CO		
Dero		New Jersey	U:	SA	WIDOWE			Montg		
by the funeral director, page 3 filed within 72 hours after death for the fundament of the formal for the formal f		ver Spring	(IF NOT IN SU	CH FACILITY, GIVE S		ue	ION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FOR MOST OF WORK Machinist		
filled in	13a_	JAL RESIDENCE (IF NURSING HOME O STATE 136. COU ryland Monte		13c. CITY OR	TOWN Spring	13d INSIDE CITY L	_	13e STREET ADDRESS / ZIP		
100	14. F.	ATHER'S NAME FIRST  Samuel	MIDDLE	LAST Sh	ıub	15 MOTHER'S MA		E		
ond comp		WAS DECEASED EVER IN U.S. AL	RMED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT		ADDRESS		
		Yes W		577-28	3-9274	Flora M.	Shub	-wife- (same		
ined by the attending physicion in please remove carbonpopers. Fourial, cremation, or removal.  Y, or other traumatic event, the in		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	(b) DUE TO, O	PR AS A CONSI		CANCE NOT RELATED TO	THE TERMIN	NAL DISEASE OR CONDITIO		
this certificate has been signed by the be build-stronsit permit. Then please rem at Mental Hygiene prior to build, cremod gritten 18 sines any injury, ar other the	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WE	HICH OPERATION	N WAS PERFORME	D	200 AUTOPSY? 20b.		
burial-transit Mental Hygic or Item 18 si		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	210		DAY YEAR	21c. HOW INJUR	OCCURRE	D (ENTER NATURE OF INJURY IN IT		
fter this c as the bur th and Me arked ar II	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME ST	OF INJURY REET FACTORY, OF		211 LOCATION STREET		CITY OR TOWN		
d for use d for use 1. of Heal m 21 is m		220-1 certify that (1) (this hasp saw the deceased alive ar abave, (1) (we) (did) (did no	ottol) attended the	ne deceased lr		d that in (my) (aur	9 <u>86</u> ) apınian de	ta		
RAL DIRE detached state Depi		13 MUL 9	She	~	MD		NDING A	MEDICAL STAFF DIRECTOR PHYSICIAN [		
TO FUNERAL DIRE		BRUCE A	S/LV	ER		220 ADDRESS	my St	N-W. #44,		
- ≈ 3 <u>≥</u> 7	230	BURIAL, CREMATION, REMOVAL ISP <b>BURIA</b>	236 DATE 9-16-1	.986	23c NAME OF CE Mt. Leba	non Ceme	tery	Ade phi P		

REG. NO. 20. DATE OF DEATH MONTH DAY 26 HOUR 4:451 86 6 AGE (IN YEARS LAST BIRTHDAY) IE UNDER ! YEAR

66 YRS UNTY OF DEATH

gomery

12b. KIND OF BUSINESS OR KING LIFE

INDUSTRY US Govt.

od Ave., 20904

Radin

as 13e)

6 month N GIVEN IN PART TIG

> IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES [] NO I EM 1B PART | OR PART 21

66 that (1) (we) last nd hour and Iram the causes stated

r. Georges

24 FUNERAL DIRECTOR

Hines/Rinaldi Funeral Home

11800 N.H. Ave. Silver Spring, Md.

Md.

STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP\_

8210	1.	FOR STATE REGISTRAR			DEPA	RTMENT O	TE OF MARY HEALTH ANI IFICATE OF	MENTAL HY	GIENE 8	REG. NO.	2 8	5 =	0 5
0210	1. DE	CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF	DEATH MON	TH DAY	YEAR	26 HOUR
age 3			ULA		A.	S	IEFER			BER 14,			12:30 A
frer of	3. SE		11	4. RACE			OF BIRTH	YEAR		ARS LAST BIRTHDAY	MONTHS	DER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
Page director hours a		Female		Caucas		Fel	). DAY	1898	88		YRS.		
		RTHPLACE (STATE OR FO	REIGN	76. CITIZEN OF		RY? 8 MARI	HED NEVEL	R MARRIED -		RE CITY OR CO	OF D	EATH	
death.		nsas		U.S.A	-			DIVORCED [		gomery			MD.
by the filed with	S	ilver Spriv	ıg		Eccles ?	ton St	reet	ISTITUTION	TYPE OF WORK	DECUPATION FOR MOST OF WOI EWIFE	RKING LIFE) 126	DUSTRY	ewife
24 hou	130. S	AL RESIDENCE (# NURSIN TATE 1	3b COUN MON	other institution, ity tgomery	136. CITY OR I	EFORE ADMISSION TOWN L Stpil	13d. INSIDE	CITY LIMITS?	130 STREET A	DDRESS / ZIP	CODE Ave. #	<sup>‡</sup> 102	20902
ight in the	14. FA	THER'S NAME		MIDDLE	LACT			R'S MAIDEN NA		MIDDLE			
Pa E O	1	Lilbrun			Funkho	user		Julia				chned	
Pages 1		VAS DECEASED EVER IN YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIALS				Knabbe				Street Md. 2090
aw requires that the been signed by the prior to burial, creamy injury, or other	CERTIFICATION	PART 2. OTHER SIGNI	lost. FICANT (	(c)	R AS A CONSE	TO DEATH B			MINAL DISEASI	PSY? 20h	ON GIVEN IN	RE FINDIN	NGS USED
icate has ransit per Hygiene B	E	21g. ACCIDENT WAS UNDE	BIVING F	7 216 TIME C	SE IN LILIDY	74	21- HOW	INTERIOR OCCUPA	YES 🗌	NO	YES 🗌		NO 🗌
ding physicia s certificate burial-transit Mental Hygie	MEDICAL C	OR CONTRIBUTING CA	USE OF DEA	HOUR A.	M. MONTH M.	DAY YEA	R P	INJURY OCCUP	(ENIERNA	URE OF INJURY IN I	TEM IS PART TO	3K P AK [ 2]	
attendii ter this s the bu	MED	21d. INJURY OCCURRE		21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFF	FICE, FARM, ETC.)	21f. LOCA STRI	TION	57	CHY ON TOWN	Ü	10	MARK
that or the or t		22a. I certify that (1) (1) saw the deceased	alive on	6/1	10	986	and that in (m	y) (our) apinian	, to death accurred	d on the date a	nd hour and	from the	ther (1) (we) last
y the hasp RAL DIRECT detached for the Direct for the Dept. o		abovs, (IV)we) (die	d) (did no	t) view the body	ofter death.	1,10	DEGREE	ATTENDING PHYSICIAN		STAFF PHYSICIAN	12	n gr	1
etained by TO FUNERA should be d with the Sta		220 PHYSICIAN'S NAM	1,	REF	MALE	AR, W	22e. ADDR	13/3	seong	in as	W.S.	5.1	m/202
	23a. I	BURIAL, CREMATION, RI SPECIFY) TUAL	EMOVAL	23b. DATE		/		R CREMATORY	Fran	TION	coul	INTY	D STATE
BP	_	JNERAL DIRECTOR	I barr	Sept. 1	8, 86	rank	in cem				Venan		Penn.
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 (	500 Univers					Spring,		EP 18	1986	REGISTRAR'S	DIGNAT	OHENSE
							20901						

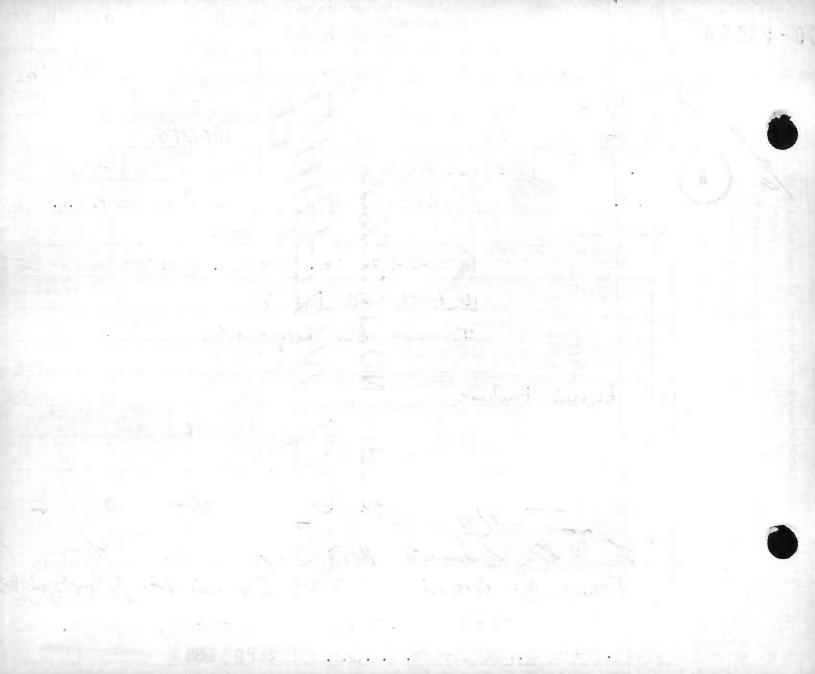
0-17550	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 O REG. NO.	2650/
moy be , page 3 ter deoth	(TYPE	EASED NAME FIRST JOHN		Simcock		07-86 10 30 M
X Sge 4	3. SEX	Male	1. RACE Inllite	5. DATE OF BIRTH MONTH DAY 10 23	6. AGE (IN YEARS LAST BIRTHDÂY) 78 YRS	
deoth. Pe	Qu	ATHPLACE (STATE OR FOREIGN DUNTRY)  EBEC. CANADA  Y OR TOWN OF DEATH		MARRIED NEVER MARRIED UNDORCED UNDORCED UNDORCED UNDORCED	9 BALTIMORE CITY OR COUN	ERY MD.
201 urs offer	1/	Koma PARK	(IF NOT IN SUCH EACILITY, GIVE STREET	OVENTIST HUSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
LAND 21	13a. S		NTY 13c. CITY OR TOW		130. STREET ADDRESS	E AVE 20912
E, MARYLA within completely 1 and 2 sh		Teth	Simcoci	MYRTIE	MIDDLE	DAVIS
LTIMORE be exec ion and do		AS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (1F YES, GT	RMED FORCES? 16b. SOCIAL SECU VE WAR OR DATES) 577-48-	1594 RUBY M. D.		PONNER AVE T.P.
V ST., BALTI certificate b ng physicioi bonpapers. r removol. ic event, the		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per la for (a), 141, on ED BY: TE CAUSE (o)	Caso intestin	al Blood	APPROXIMATE INTERVAL SETWEEV ONSET AND DEATH
W. PRESTOR of the death of the attendi		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQU	ic UICEV		luk
CORDS, 201 w requires the been signed be mit. Then pleas and re burial, only injury, or only i	TION	PART 2. OTHER SIGNIFICANT	laup	DEATH BUT NOT RELATED TO THE TER		
TAL RECOR	CERTIFICATION	19a. DATE OF OPERATION	Name of the second	OPERATION WAS PERFORMED	YES NOT IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
IVISION OF VITAL RI IG PHYSICIAN: The lo offending physicion. The this certificate hos is the buriol-transit per to and Mental Hygiene rhed or them 18 shows	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D.	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 1:	8 PART I OR PART 7)
DIVISION DING PHY or ottendii After this e as the bu olth and M morked or	MED	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) THE LOCATION	alsolowa /	EQUATE STATE
		22a. I certify that (1) (this hasp sow the deceased alive an above (1) (we) (did) (detac	ital) and ded the decease from  at) yes the body after death.		death occurred on the date and hi	
HOSPITAL OR ATTEN ired by the hospitol FUNERAL DIRECTOR. old be detached for us in the State Dept. of He ORTANT: if Hem 21 is		Visit (	Velusunge	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	9/8/84
TO HOSPITAL OR ATTENTED OR ATTENTED OR ATTENTED OR ATTENTED OR ATTENTED FOR EDITED OR Should be detached for unith the State Dept. of H. With the State Dept		THOMAS H	- BENSINGER	7525 6180	yung Ora D	The Greatest
BP	15	JRIAL, CREMATION, REMOVAL	236 DATE 236 1 236 1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITERTOWN EXERTING	1 - MID 20870
DHMH-16 30M 2/80 (VRA 15, 4)	TA	MAME FUMPLE	Jaketar 251 Chira	1101 1101	YE REC'D. BY REGISTRAR 256, REGI	STRAR'S SIGNATURE

00817850 The popular of the same of the CORR COUNT PLANTED HAVE THE MONTH WAY Taken the manufact desired water many the water and the second and the A. Sand respect to the The Black Property Laborates Laborates Laborates 217-49-1514 has it is sugar to see that 4521-64-175 The first of the second se a chest and a Bearing Sylve Med Land Front Sugar Sugar State S Tolerand with the service of the first that the service of the ser

	_ FOR	DEDARTMENT	STATE OF MARYLAN	D ALL HYCIPAE	0 4 3 3	0.0
	1 - STATE REGISTRAR		OF HEALTH AND ME NINER'S CERTIFIC	ATE OF DEATH	6030	0
	1. DECEASED NAME FIRST	MIDDLE	LAST	KEC	G. NO.  /N C. MONTH DAY YEAR	2b. HOUR
	(TYPE OR PRINT)	77 7767	GT1840170	20. DATE KNOW OF ESTI- DEATH MATE		ZB HOUR
l		ELYN DATE OF BIRTH 6. AGE	SIMMONS		0 20 00 17	M
ľ		MONTH DAY YEAR LAST B	RTHDAY) MONTHS DAYS	FUNDER 24 HRS. 2c. DATE HOURS MIN. PRONOUNCED	MONTH DAT TEAR	2d HOUR
Į.	Hispanic  BIRTHPLACE (STATEOR 7	Aug 6, 1959 27	YRS.	DEAD	8-26-86 19	6:04m
	FOREIGN COUNTRY)	L CITIZEN OF WHAT COUNTRY?	8. MARRIED NEV	ER MARRIED 201	ITY OR COUNTY OF DEATH	
į		Belize	WIDOWED .		mer County	MD.
	V	I. NAME OF HOSPITAL, NURSING H	OME, OR OTHER INSTITUT	ION 17a USUAL OCCUPATION FOR MOST OF WORKING LIFE	(TYPE OF WORK 176 KIND OF BUS OR INDUSTRY	INESS
ļ	Bethesda	SuburbanHospital		Domestic	Private	Ind.
Ī	USUAL RESIDENCE (IF IN NURSING HOME OR C	13c. CITY OR TOV	MISSION) VN 13d. INSIDE CIT	Y LIMITS? 13e. STREET ADDRESS	21740	
١	Maryland P. Ge	orges Hyatisv		NO □ 8306 14th A	venue #302	
I		MIDDLE LAST	15. MOTHER	R'S MAIDEN NAME	LAST	
1	Passi Simmons		Mar:	ia Simmons		
	(YES, NO, OR UNKNOWN) (IF YES, GIVE WA	D FORCES? 16b SOCIAL SEC	URITY NO. 17 INFORM	ANT ADD	RESS Hyattsville,	Md.
ł	NO	Not Sta	ted Ange.	l Vidal, Uncle, 8	306 14th Ave. #	302
F	18. CAUSE OF DEATH (Enter only	one cause per line far (a), (b), and (c).			APPROXIMATE IF BETWEEN ONSET A	NTERVAL
	PART I DEATH WAS CAUSED E	CAUSE (0) Head and ne	ck injuries		BETWEEN GIVET A	IND DEATH
I	814/	DUE TO, OR AS A CONSEQUEN				
/	Canditians, if any, which gave rise to immediate	(b)				
	cause (a) stating the under-	DUE TO, OR AS A CONSEQUEN	ICE OF	7.1		
	lying cause last.	(c)			1 130	
	PART 2 OTHER SIGNIFICANT CONDITIONS CO.	NTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	GIYEN IN PART 1 to		
	NO NO					
١	190. DATE OF OPERATION	196. CONDITION FOR WHICH (	PERATION WAS PERFORM	(ED?	20 AUTOPSY?	
	Ē				YES	NO 🗆
١	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY	21c HOW INJURY	OCCURRED (ENTER NATURE OF INJURY IN ITE		
	UNDERLYING MOR CONTRIBUTING CAUSE OF DE			n struck by a veh	nicle	
l		21e PLACE OF INJURY (ATHON	AE, 211 LOCATION			
١	WHILE NOT WHILE AT WORK	street, factory, farm, etc.)	Direct Dd	COnsidered Considered	COUNTY	STATE
	A, WORK			&Carderock Spring	gs Dr. Mont. Co.	_Md_
1	22a. I certify that I taak charge o	of the remains described above, held	an Autopsy X,	Inspection, Inquiry,	and in my apinian	
	death resulted fram: Natural	couses , Accident X,	Suicide , Hamicia	de Undetermined manner		
	ACTUAL (VO)	in lone Ula	00 TITLE (SP		DATE	
	SIGNATURE	200 1110 JAN	M.D. ASS	SISTANTMEDICALEXAMINER	SIGNED8-27-86	
1	EXAMINER'S NAME					
		garita A. Korell	M.D. ADDRESS_	111 Penn Street		
I	730 BURIAL, CREMATION, REMOVAL 236		CEMETERY OR CREMATO	CITY OR TOWN	COUNTY STAT	I.E
		Sep 86 Mount	Dlivet Cemete	ery Washington	. D. C.	
	24. FUNERAL DIRECTOR	ADDRESS 1432 You	St., NW 2	OR DATE REC'D. BY REGISTRAR 1256.	REGISTRAR'S SIGNATURE	
I	W. ERNEST JARVIS (	W., INC., Washing	gton, D. C.S	EP 0 8 1900 Julia 1	Tandor Pundasa	

		1.	FOR STATE REGISTRAR		DEPAR	RTMENT OF I	E OF MARYLAND HEALTH AND MENTAL H FICATE OF DEATH		2 g. no.	6 5	0 4
0 -	17496			IRST	MIDDLE		LAST	2a DATE OF DEA		AY YEAR	2b. HOUR
	death	(137)	MONG		CHi	2	DIN	9-4-	-86.		2010 M
	moy b page tér dea	3. SE		4 RACE	0	5. DATE		6 AGE (IN YEARS LA	ST BIRTHDAY)	F UNDER I YEAR	IF UNDER 24 HRS
	ge 4 ector rs of	F	EMALE	Kor	ean	MONT	17 15	7-1	YRS.	ONTHS DAYS	HOURS MIN.
	a +2 + W	70, B	IRTHPLACE (STATE OF FORE	IGN 76. CITIZEN	OF WHAT COUNTR	Y? 8.	D NEVER MARRIED	9. BALTIMORE CI	TY OR COUNTY	OF DEATH	
	de orth	1	Korea	Kor	ea	WIDOW			gomery		MD.
	s offer		ITY OR TOWN OF DEATH Cakoma Park				or other institution st Hospital	120 USUAL OCCU Housewit	PATION EST OF WORKING LIFE	12b. KIND OF	BUSINESS OR OME
MARYLAND 2120	n 24 hour	Má	AL RESIDENCE (IF NURSING STATE)	HOME OR OTHER INSTITUTE GEO	ition, give residence ber orges Belt	ORE ADMISSION)	13d. INSIDE CITY LIMITS!	13e STREET ADDR	<sup>ESS</sup> V <b>anstrai</b>	Road	105
RYL	1 15-1//	14. F/	ATHER'S NAME EIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN	NAME	DLE	LAST	
	Par de la Company	/	Sang	Ok	Sin		Во	You	ing	Kim	
ORE,	di ge	160.	WAS DECEASED EVER IN (	U.S. ARMED FORCE	578-82-	2729	17. INFORMANT		DDRESS		
BALTIMORE,	S. Poo		N/A	N/A	370-02-	212)	You Bok Yan	g-son- (sa	me as 13		ATE INTERVAL NSET AND DEATH
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	OR DIRE		27h SIGNATURE	Det.	E Au	7	ATTENDING PHYSICIAN		STAFF IYSICIAN 🗌	22c. DATE S	IGNED 86
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BALTIMORE, interpretation and co- ppers. Pages 1 vol. t, the medical		S DECEASED EVER		MED FORCES? E WAR OR DATES)		SECURITY NO. -14-7579	Mrs. Doro	ADDRE thea W. Sloc		e/same	as 13e
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DIVISION OF VITAL RECORDS, DING PHYSICIAN: The low requir or otherding physicion. After this certificate has been sig e as the burial-transit permit. Ther oith and Mental Trygtene prior to b marked or them 18 stows any injur	¥	WHILE NOT W	HILE	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC }	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
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999999	(SPE	Burial Buria		23b. DATE 9-19-		23c NAME OF C Ft. Li	emetery or crematory	23d. LOCATION CITY OR TOWN Brentwoo	d	COUNTY	STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)		eral director hn T. Rh:	ines (	b.,3015	12th S	225	.D.C. 20017 <b>S</b>	TE REC'D. BY REGISTRAR	256 REGISTRA		



0-19872	1	FOR STATE REGISTRAR		DEPART	MENT OF HE	ALTH AND M	ENTAL HYG		2. 6. NO.	0 0	1 2	
ge 1 may be ette, pege 3 on other death		E OR PRINT)	radey A RACE Caucasa	B.	5. DATE OF Jan.	rith	Jr. 1933	6. AGE (IN YEARS LAS	9 0	DAY YEAR  26 86  IF UNDER 1 YEAR  MONTHS DAYS	2b. HOUR  5 2 M  IF UNDER 24 HRS  HOURS MIN.	
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ithin 24 hasi thy filled in 2 should be	130.	ATHER'S NAME	ontgomery	Silver.	Spring	5. MOTHER'S	MAIDEN NA				20902	
e executed and cartest make make make make make make make make		Bradley  WAS DECEASED EVER IN YES. NO OR UNKNOWN)	Burch U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	Smith 166. SOCIAL SECU 256-34-4	IRITY NO.	HÖ 17 INFORMAN Hope Ri			odress same o		tter	
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BP————		BURIAL, CREMATION, REA ISPECIFY BURIAL	SEPT.	29,86 G	ate of	METERY OR CE Heaven	GEM.	23d. LOCATION Silver	Spring	Montgon	nery Md.	
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(1331-11) Supposed the Calculation of the same of th The action of the contract of Charles Later French

00-	19364	1 -	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 6 2	6513
			CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	be 3		/ Worothe	1 2.	Smith	9/21/	1986 21:50 M
	E d	1.58		4 RACE	5. DATE OF BIRTH MONTH / DAY / YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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AND 213	filled in	13a. S	TATE 13b. COU	prother institution give residence ber INTY 13c, CITY OR TO EGOMERY ROCKY	ille YES 134 INSIDE CITY LIMITS?	1959 Lewis Av	re. 20851
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VITAL RECORDS,	No. be to	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
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ō	TENDIN IDS. At 10 more 21 5 more		22a I certify that (1) (this hasp	pital) attended the deceased from  19  19  19  19		on death accurred on the date and had	and fram the causes stated
4	the hough to the hough to the hough to be pri.		22b. SIGNATURE	at) view the bady after death	DEGREE ATTENDING	MEDICAL STAFF	22c DATE SIGNED
	HOSPITAL FUNERAL Sold by det Think Store		22d. PHYSICIAN'S NAME ITYPE	ORPRINT)	22e. ADDRESS	An MM Vin	ion
	0 8 5 8 4 8	23a. B	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION	
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rilled in be doe	MA		HONTGOMERY	ROCKVILL	E E	134 INSIDE CITY LIMITS?	14203 CA	STAWAY	DRIVE	20853
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that the d by the tense ret oil, creen or other		cause (a), stating		Q 2 h		ers De	menti	7	1094	dis.
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to be for the ber	CERTIFICATION	19a DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDINGS ING CAUSES OF I	USED DEATH?
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or this or the burn kied or the burn kie	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACI	OF INJURY TREET, FACTORY OFFICE F.		211. LOCATION	CITY OR	'OWN	COUNTY	STATE
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the hour the hour the hour the concluded the Dept.		226 SIGNATURE	A COL	y after death.	n	DEGREE	MEDICAL ST	AFF	220 DATE SIGN	
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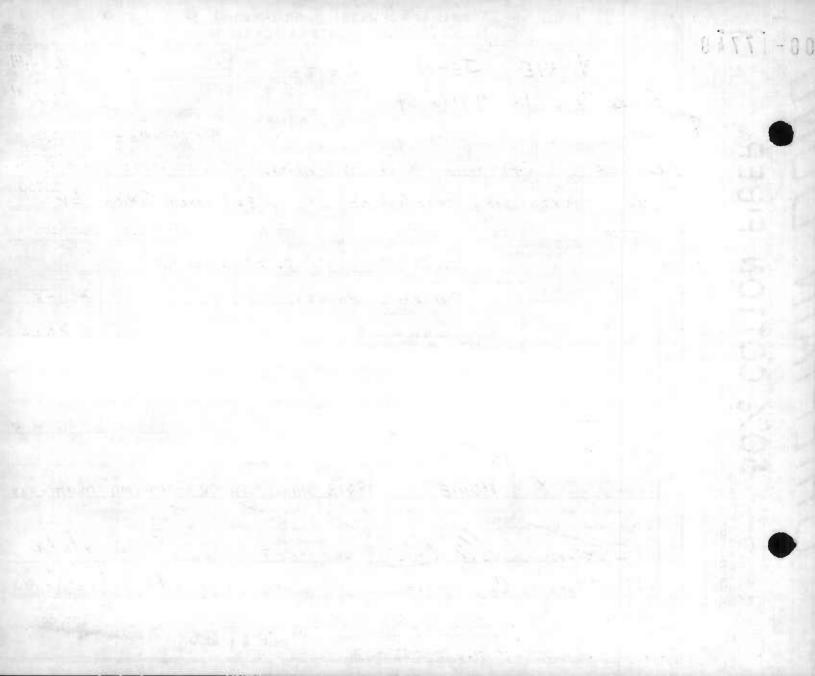
Charles English

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	M	E-105 2	14. F	THER'S NAME	M	IDDLE	LAST		15. MOTHER'S MAIDE	EN NAME	MIDDLE		LAST	
	W	200233		Harry	В	arrs	Vassie		Martha	3.	Eliza	beth	Thornton	
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	3	WITH PAGE		18. CAUSE OF DEAT	H (Enter only o	ne couse per line	for (a), (b), and (c).)						APPROXIMATE INTER	VAL
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		ATE, ATE, ORV		22a I certify that I	took charge of	the remains des	scribed obove, held an	Autop	y Inspection	n . Inqu	iry 2	and in my or	pinion	,
		EXAMINER: CERTIFICATE OUD BE FOR L DIRECTOR: (, WITH THE S MARYLAND,		death resulted fram	Natural c	ouses .	Accident S	uicide D	Homicide .	Undetermined		1.		
- 4		ARY WITH			7	01	/ /.	0	TITLE (SPECIFY)			-	1.1.	
- 1		A STOCKE		ACTUAL	Early	Mille	w/1///	20	DEPT	1150151151		DATE	9/6/86	
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		TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNEATH DIREC AFER DEATH, WITH BALTIMORE, MARYL	22- 0	(TYPE OR PRINT)	EHOVALIAN:	DATE	23c. NAME OF CE		ADDRESS 500	100		208	TESON	-20
			- 1	PECIFY]						23d. LOCATIO		cour		
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		DHMH - 17	100	NAME			rey Funera		e, SEF	1 1 19	30		August Sand	15.
		(VR A15 ME (5))	Ρ,	A. 300 W.	Montgor	nery Av.	, Rockvill	e, Md			Y			



6 19563	1.	FOR STATE REGISTRAR	6511			
1-10303		CEASED NAME FIRST	MIDDLE	LAST	REG. NO.  20. DATE OF DEATH MONTH DA	Y YEAR 2b. HOUR
3 75	(TYPE	Maude		Snyder	9/10/1986	2.45 A <sub>M</sub>
4 may or pos	3. 56		white	5. DATE OF BIRTH MONTH DAY YEAR		UNDER I YEAR OF UNDER 24 HRS
and of	/			Nov. 30 1894	YRS	NO DE AVIII
	70. 8	RTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery Cou	
Dy the Land	A		(IF NOT IN SUCH FACILITY, GIVE STREET.	ADDRESS) Rd. S. Spring, Md.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker	12b. KIND OF BUSINESS OR INDUSTRY
AND 212 AND 212 Tilled in novid be	13a. S	AL RESIDENCE (IF NURSING HOME OR OTH STATE TO COUNTY	13c. CITY OR TOW	N 13d INSIDE CITY LIMITS?  YES NO X	13. STREET ADDRESS ZIP CODE	e, 15905
MARY.	Wa.	ATHER'S NAME FIRST Llace Hechler		15. MOTHER'S MAIDEN NA FIRST  Amanda	MIDDLE	Younkin
MORE COUNTY		VAS DECEASED EVER IN U.S. ARMED YES, NO OR UNKNOWN) (IF YES, GIVE WA			ADDRESS 1377 Hillsdale D	15146 PA
DS, 201 W. PRESTON ST quires that the death cert signed by the attending that please remove carbon but please remove carbon o bleast, eventation, or re- jury, or other traumotic e-	NOI	Conditions, if any, which gave rise to immediate conditions to immediate the conditions of the conditi	DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  (6)	an metaslasia	MINAL DISEASE OR CONDITION GIVEN	2-4 mg
AL RECOR	TIFICATIO	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200. AUTOPSY? 20b. IF YES, IN CERTIFY! YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
OF VITA  CLAN T  CLAN	AL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	216, TIME OF INJURY HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	PT 1 OR PART 2]
NG PHYSICIA otherding p the the bendi- th and Mental	MEDICAL	21d. INJURY OCCURRED  HILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)  211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN ATTENDIN ECTOR, At d for use a t of freehing		220.1 certify that (I) (this haspital) saw the deceased alive an above (II) well (did add not vi	9-9 198	and that in (my) (aur) apinion	, ta	and from the causes stated
TAL OF BAL DIR		226 PHYSICIAN'S NAME (TYPE OR PRI	ayhal	DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	9/10/8C
O HOSP steined TO FUNE wholeto		Richard P. Dela	aney, M.D.	4323 Havard	Street, Silver Sp	ring, Md. 20906
999999		(SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY Rockwood Cemetery		Somerset PA
DRAMF - 16-50M 4/83 (VRA 15, 4)		ohn Henderson Co.	215 Central	Ave. Johnstown S	EP 1 7 1986 Julia	Deriden Rondale

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20-10-			FOR			DEPARTME	STATE O	F MARYLA		YGIENE	6	2	8 .	1	8
10-187	8		STATE REGISTRAR		ME	DICAL EX	AMINER'	S CERTIFI	CATEO	FDEATH	- REC	G. NO.			
			CEASED NAME	FIRST		MIDDLE		LAST		2 o.	DATE KNOW		H DAY	YEAR	2b. HOUR
PLEASE ECTOR.	URS EET,		Je	NNI	~		and		NEBA	and	OF ESTI-	009	16	1986	9 AM
RY, PLE DIRECT	ON STREET,	3. SE)		h. te	S. DATE OF BIRTH	YEAR	AGE (IN YEARS II AST BIRTHDAY) M	ONTHS DAYS	HOURS 2		DATE DNOUNCED DE AD	9	17	VEAR 19	2d HOUR
WEREAL SA	製人	7a, Bl	RTHPLACE (STATE OR REIGN COUNTRY) Maryland		76. CITIZEN OF WE		. M	ARRIED   NE	EVER MARRIE		IALTIMORE CI	-	NTY OF D	EATH	
PER CAL			ty or town of de Rockville			CHITY, GIVE STREET Llins Av	e. #307	OTHER INSTITU	JTION	FOR MOST	OCCUPATION OF WORKING LIFE	TYPE OF WORK	12b KIN	D OF BUS	SINESS
21201 AND 3	335	13a. S	AL RESIDENCE (IF IN MI TATE aryland	113b COUNT		13c. CITY OR ROCKY	TOWN	13d. INSIDE	CITY LIMITS?	13e. STREET 199 I	ADDRESS Rollins	Ave. #	307	2085	2
MD.	S#1-1		THER'S NAME		MIDDLE	. LAST			ER'S MAIDEN		MIDDLE			AST	
DEAT GES	\$50T		Leonard			Staubly		17. INFOR	Pearl	Rooks	ille, AM	P	owel.	<u>59</u>	
ALTIM AFTER SIVE PA	PAGES	160 V	VAS DÉCEASED EVER ES, NO, OR UNKNOWN) NO	(IF YES, GIVE W			SECURITY NO. 0 4380				baum 60				
RECORDS, 201 W. PRESTON ST LD BE EXECUTED WITHIN 24 HOI PENDING" IN PERCIL IN ITEM II MEDICAL F XAMMINEP ALONG	ED AS A BURIAL TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL.	7	Conditions, if gove rise to cause (o) stating lying cause last	IMMEDIATE ony, which immediate g the <u>under</u> -	E CAUSE (a)	AS A CONSEC	CONO DUENCE OF	pri		ter	10 50	levos	8		
VITAL RECO	USED AS.	CERTIFICATION	190. DATE OF OPER	ATION	19b. CONDIT	TION FOR WHI	CH OPERATIO	N WAS PERFOR	RMED?					UTOPSY?	
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD."	R: PAGE 3 SHOULD BE USED A E STATE DEPARTMENT OF HEA D, 21201 PRIOR TO BURAL C		210. EXTERNAL CAU UNDERLYING CONTRIBUTING	OR		MONTH DA	Y YEAR	HOW INJURY	Y OCCURRED	(ENTER NATU	RE OF INJURY IN ITE	M 18 PART 1 OR		ES 🗌	NO.
DIVISIO THIS CERTIF WARDED TO	AGE 3 SH FATE DEP	MEDICAL	21d. INJURY OCCUR WHILE NOT AT WORK AT W		21e PLACE ( STREET, FACT	DF INJURY   A FORY, FARM, ETC.)	T HOME. 21f.	LOCATION		cn	TY OR TOWN	C	OUNTY		STATE
TO MEDICAL EXAMINER: 1 PAGE A SHOULD BE FORM	TO FUNERAL DIRECTOR: PARTER DEATH, WITH THE STANDAR SALTMORE, MARYLAND, 2		death resulted from ACTUAL SIGNATURE EXAMINER'S NAME		of the remoins des	Accident Accident	neld on Au	tapsy , Homi	Inspection icide	Undetermi	nquiry		9. Sdo	-17 -17	-86
F 40 4	APT A	23a.B	(TYPE OR PRINT)	REMOVAL 23	9/19/86	23c. NAM	e of CEMETER edar Hi	address_ Y or cremate 11 Crem	ORY	23d. LOCA	ion Witland,			STAT	TE
	1H - 17 5 ME (5))	24. FI	UNERAL DIRECTOR  331 Rockvi	Tyson	Wheeler	Funera	I Home	Inc.	250. DATE RE	EC'D. BY REC	GISTRAR 256 F	REGISTRAR'S	SIGNATU		

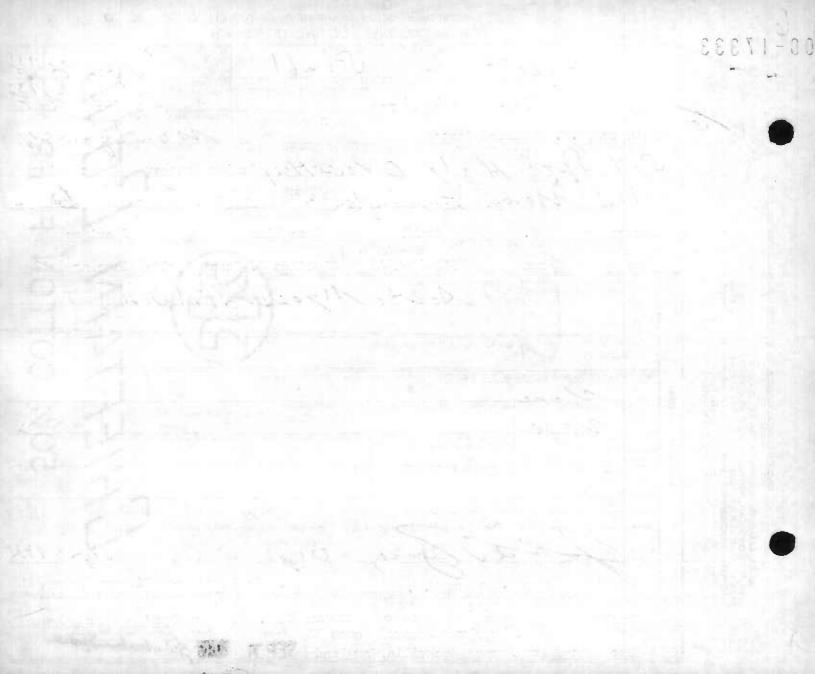
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. The safe in the last the las TERRET IN OUR DESCRIPTION TO VERSEST ne hall — n hade TI W TI WILLIAM STATE COLORED COLORED SECTION OF STATE OF Congrupted Stobe comment thebreakfile name to orange 1 20 20 Feet 62 7 22 86 Kursell Milley It m. D. . . . SACTED IN THE SAC 9/24/86 of the descript days of 38/45/9 . To the state of Magorata venta, Landergog, D. C. 2003 attacognis

DEPARTMENT OF HEALTH AND MENTAL HYGIEI - STATE REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-S. DEATH MATED 3 SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS IE UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Male Cauc. 22,1932-54 DEAD RS BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED OREIGN COUNTRY Washington, D.C. United States WIDOWED DIVORCED 12a. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Senior Manager Marketing 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Rockville 2005 Stratton Drive/2085 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST LAST MIDDLE Barton Stah1 Josephine Sheridan 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS DIVISION IYES NO OR LINKNOWNE LIE YES GIVE WAR OR DATES! Yes Korea 577-40-2446 Clotilda F. Stahl (wife) Same as 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVA PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. ORWARDED TO THE CHIEF WAS PAGE 3 SHOULD BE USED AS A BURIA PAGE 3 SHOULD BE USED AS A BURIA PAGE ASTED PARTMENT OF HEALTH AND HESTATE DEPARTMENT TO BURIAL, CREMATION PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NON 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING U OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN STATE COUNTY AT WORK NOT WHILE AT WORK EXECUTE THE CERTIFICATE, VPAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STYLEMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Autopsy Inquiry Inspection and in my opinian death resulted fram: Homicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Seminary Road Silver Spring, MD John S. Rogers M.D. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL Sept Gate of Heaven Cem. Silver Burial Spring 07/84 BP. 25M 24. FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes PA 250. DATE REC'D. BY REGISTRAR **DHMH - 17** 300 West Montgomery Avenue Rockville, Maryland (VR A15 ME (5)

STATE OF MARYLAND



FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CERTIFICATE OF DEATH** 

REG. N	10.			
DATE OF DEATH	MONTH	DAY	YEAR	Zh HO

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1		OR PRINT)	FIRST		MIDDLE	ſ	A51		2a DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
1	(ITPE	OR PRINT)	ERMA	GA	RROUN		STEELE		Sept	. 13	, 1986	7:40A M
	'SE	(		I. RACE		5. DATE C	F BIRTH		& AGE (IN YEARS LAST BIR	THDAY)	IF UNDER TYEAR	IF UNDER 24 HRS.
4		Female		Whit	e	Aug	. 16,	1897	89	YRS	MONTHS DAYS	HOURS MIN,
Æ		RTHPLACE (STATE OR F	OREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER	WADDIED []	9 BALTIMORE CITY	R COUNT	Y OF DEATH	
4		Texas		U.S.	Α.	WIDOWE		VORCED	MONTGO:	MERY	COUNTY	MD.
t		TY OR TOWN OF DEA	TH	1. NAME OF	OSPITAL, NURSIN	G HOME C			12a USUAL OCCUPAT	ION	12b. KIND C	F BUSINESS OR
A	B	ETHESDA			HEACILITY, GIVE STREET A		SDA		(TYPE OF WORK FOR MOST O	OF WORKING L		ne
A.	1921	AL RESIDENCE (IF NURS	ING HOME OR (	THER INSTITUTION,			7.571		HORE		146	BAAAA
4	Ja. S	TATE	136 COUN	ſΥ	13c CITY OR TOWN		13d. INSIDE C		13e STREET ADDRESS			7.1.6.1
-	A F.A	THER'S NAME			Washingt	on, DC	YES X	NO 🗌	5420 Con	nection	cut Ave,	MM/50012
7 V	FA	FIRST	N	IDDLE	LAST		15. MOTHER	S MAIDEN NAA FIRST	MIDDLE		LAS	57
1		Robert		sper	Garre		Lo	la			Mc Gi	nness
		VAS DECEASED EVER		VED FORCES?	166 SOCIAL SECUI		17 INFORMA	INT	ADDR	112	Pine 8	treet
51	, ,	No	(III 123, ONE		577-86-	8521	V/Adm	. Georg	e P. Steele	, Phi	lla. PA	19106
F		18 CAUSE OF DEAT	H (Enter only	ane cause per	line far (a) (b) and	lici)						IMATE INTERVAL ONSET AND DEATH
1		PART I. DEATH W	AS CAUSED	BY:	Co.d.	4010	in L.	1-7	31/		DET WILLIAM	OISSET AND DEATH
1	- 1		IMMEDIATE	CAUSE (a)	Cararo	LEZA	1162701	7	enace			
1	- 1			DUE TO, O	R AS A CONSEQUE	NCE OF		1				
п		Conditions, if any,		(b)_								
н		gove rise to imn cause (o), statin	nediate	S DUE TO O	AS A CONSEQUE	NICE OF						
1		underlying couse		DUE TO, OI	R AS A CONSEQUE	NCEOF						
-1		DART 2 OTHER SICK	LIEIC ANIT CO	(c)	ALTRIBUTING TO D	FATURIT	NOT BELATEE	TO THE TERM	INAL DISEASE OR CON	DITION	V(5) I D D D D D D D D	
1	z	7 AKI 2. OTTEK 3101	VIFICAIVI C	DINDITIONS CC	DINTRIBOTING TO D	EAIH BUT	NOT RELATEL	TO THE TERMI	INAL DISEASE OR CON	DITION GI	IVEN IN PARI III	a
7	CERTIFICATION	19a DATE OF OPERAT	ION	TIPL CONDI	TION FOR WHICH	OPERATIO	N MAAS DE DEC	PAAED	20a AUTOPSY?	20k IE VE	S, WERE FINDIN	ICC LICED
4	Ě	DAIL OF OFERA	1014	170 COND	TION TOR WITHOUT	DIEKATIO	A MAS FERFC	N/MED			IFYING CAUSES	
1	E					-			YES NO		ES	NO 🗌
		21g. ACCIDENT WAS UND OR CONTRIBUTING		21b. TIME O	finjury M. MONTH da	Y YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART   OR PART 2)	
4	MEDICAL	(IF EITHER, NOTIFY MEDIC		Р.,		19						
1	ě	21d INJURY OCCURE	RED	21e. PLACE			21E LOCATIO	ON				
-	Σ	ORK NOT WH	ILE	(AT HOME, STR	EET, FACTORY, OFFICE, FA	RM, ETC )	STREET		CITY OF TO	WN	COUNTY	STATE
-1				1) -41 1 - 1 - 1		Ы.	19 -	84	9 -	12 -	10 E (	
-1		22a. I certify that H		-	the state of the			. 19	leoth accurred an the d		, 19 0 0	that N (we) last
1		saw the decease abave, (N(we) (o	lid) (did not	view the body	ofter death.			(OUI) Opinion o	learn accurred an the a	are and no		
1		22b. SIGNATURE	2 0	0 ./	-		DEGREE				22c. DATE	SIGNED
			pt	3 Ke	ep to	n. J.	UMHALL	PHYSICIAN X	MEDICAL STA	IAN 🗌	9.1	388
/		22d. PHYSICIAN'S NA	ME (TYPE OR	PRINT)	0		22e ADDRES				1	9-1121/2
4		70	ha E	. Ke	11.		67	11- N	redical (	cuter	Da N	10 208 m
+	73a B	URIAL, CREMATION,		23b. DATE	123/ N	AME OF C	EMETERY OR	REMATORY	23d LOCATION	- (	-011	7 2 2 3 5
1	(3	SPECIFY)								ngton	COUNTY	STATE
1	A EI	Burial  INERAL DIRECTOR J	- acmb	9/18	8 Sous	TTIE	JENI BO	ional C	PECONORY DE CO			
1		NAME			ADDRESS			25a. DATE	SEP T9	D T	TAM ILE PORT	UKE
	- 5	5130 Wisco	asin /	ve . NW .	washingto	n,D.C	. 2001	)	14.7	U		

(VRA 15, 4)

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Sylmon-gil Whom. morre of steels, thilm, ph 19106

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## FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. N	Ю.				
. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR	P
September	29,	198	6	3:30	1
ACE UNIVERDSTAST BU	PTHDAY	IF UN	DER I VEAR	IF LINDER 24	HDS

	OR PRINT)	,	WIDDLE		^31	ZB. DATE OF DEATH	MOINTH	DAT TEAK	Zo. HOUR
,	VIRGINIA	PAT	TON	STEGE	R	September	29,	1986	3:30 M
2. SE	4.	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	
0	Female	White	9	Tanı	ary 15, 1919	67	YRS.	MONTHS DAYS	HOURS MIN.
			WHAT COUNTRY?	В	D NEVER MARRIED	9. BALTIMORE CITY		OF DEATH	
Was	shington, DC	United	States	WIDOWE	DI DIVORCED	MONTGOM	ERY CO	YTNUC	MD
10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS OR
E	BETHESDA		GE HILL-		ESDA	Housewi			home
	AL RESIDENCE (IF NURSING HOME OR OT	HER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				/	MACIGIL
	140.000111		13c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET ADDRESS 928 15th			/ 33881
-	Florida Polk		Winter Ha	aven	15. MOTHER'S MAIDEN NA		JCTEEL	INE	73001
P		OCLE	LAST		FIRST	WIODLE		LA:	51
	Raymond	S.	Patton		Virginia			Mitche	11
	VAS DECEASED EVER IN U.S. ARME		166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRI 53	ESS Pla	ckicto	ne Road
1	res, no or unknown) (if yes give w	AR OR DATES)	578-01-5	071	Helen Patton				
	18 CAUSE OF DEATH (Enter only				heren raccon	WLIGHT, 20	Director		MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSED E		line for lol, (b), one	a ici.i	10511115	1:1. 0			-1 .
	IMMEDIATE (	CAUSE (o)	40	men	Vestored 9	fachent	- 0	IN	imett
		DUE TO, OI	R AS A CONSEQUE	ENCE OF	. 10 -1-	0,	1		
	Conditions, if ony, which	(d)		hun	is obstanctive	Julinonan,	Julian	1 Sever	al yeur
	gove rise to immediate couse (a), stating the	DUE TO O	AS A SONISSOUS	NICE OF				100	0
	underlying couse lost.	DUE TO, OI	R AS A CONSEQUE	INCE OF					
	DADE OTHER SIGNATURE	(c)							
z	PART 2. OTHER SIGNIFICANT CO	NDITIONS CC	DUILIBUTING TO F	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART TO	0
CERTIFICATION		Tax and the same		2000000	The series where the series where		Taxonia view	COLUMN NO VICE	
CA	TNI DIATE OF OPERATION	THE COND!	TION FOR WHICH	OPERATIO	N WAS PERFORMED	70s. AUTOPSYT		WERE FINDS	
#						YES NOW	YE		NO []
#	21s. ACCIDENT WAS UNDERLYING.	21s. TIME O		.27 Newster	THE HOW INJURY OCCURS	ED TENTER HATURE OF HILL	RI PATENTE F	NAME OF PART OF	
	DR CONTRIBUTING [] CAUSE OF DEATH	The state of the s	M. MONTH DA	0.5711111					
C)	(FEITHER NOTIFI MEDICAL EXAMINER) 214. INJURY OCCURRED	P.)	The state of the s	19	211. LOCATION				
MEDICAL		21e PLACE (	SET FACTORY, DEFICE F	ARM. STC T	TH LOCATION	CITY OF TO	JWP1	COUNTY	STATE
^	AT WORK AT WORK	1/25/114/1-20/	THE SECTION SERVICES		21 61		-		
	The I certify that (I) (this hospital	ottended the	e decepted from_	264	20 19 80	10 picci	in	19	that (i) (wf) last
	saw the deceased alive an	sent	28 195	6.0	d that in (my) (our) opinion o	death accurred on the d	ate and hou	and from the	couses stated

DEGREE

MEDICAL STAFF ATTENDING PHYSICIAN,

ASSES

II. ADDRESS 3701

23a. BURIAL, CREMATION, REMOVAL Cremation 24. FUNERAL DIRECTOR

23b. DATE 9-30-86 23c. NAME OF CEMETERY OR CREMATORY Metropolitan Crematory

23d LOCATION Alexandria, Virginia

DHMH - 16 60M 7/84 (VRA 15, 4)

Richard Rapp, Inc. ADDRESS 1804 T Street, NW, Washington, DC 20009

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

FOR STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR				CERTI	ICAIL OI	PLATII		REG. N	0.				
1. DECEASED NAME (TYPE OF PRINT)	FIRST	nley	Dawn	Ste	ephenso	on	2a DATE	OF DEATH	Aug.	18,	YEAR 86	2ь но 12:	
1. SEX		4 RACE		5. DATE O			A AGE U	N YEARS LAST BIR	THRAVI	JE LINDE	RIYEAR	IF UNDE	-
femal	Le	black		Aug	H DAY	, 1986	AGE (III	· IEARS (ASI DIR	YRS.	MONTHS	DAYS	HOURS	MIN:
TO. BIRTHPLACE (STAT	E OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8			9 BALTIM	ORE CITY C		Y OF DE	ATH		
Maryland		U.S.A.		MARRIE		MARRIED 🔀	100	ntgom					ME
10 CITY OR TOWN OF	DEATH	11. NAME OF HO			OR OTHER IN	NOITUTITE		LOCCUPAT			KINDO	F BUSIN	ESS OR
Gaitherbur	a		FACILITY, GIVE STREET 'rederich					ork for most of None	OF WORKING	LIFE) IND	USTRY	No	ne
		ROTHER INSTITUTION G	IVE RESIDENCE BEFORE	ADMISSION)						2	11	15	
Maryland	- 417	ce Geo.	3c CITY OR TOW Bowi		YES XX	CITY LIMITS?		ADDRESS ADDRESS			10	15	
H. FATHER'S NAME	1.2211					'S MAIDEN NA		MIGH	CITCLWI	шаг	ic		
FIRST	Not Gi	MIDDLE	LAST			Beve	orly	Je	an	St	ephe	en so	n
160. WAS DECEASED E			6b. SOCIAL SECU	IRITY NO.	17 INFORM		J.L.J.	ADDRE		- 50	СРТК	2100	
# (YES NO OR UNKNOWN	(IF YES, GI	VE WAR OR DATES)	Non		Moth	er 1501	3 Night	athawk	Ta	Rouri		ма	
no					I_ MOCII	ei 1301	J MIGI	ICHawk	La.		APPROXI		FRVAL
	H WAS CAUSE	nly ane cause per li D BY:								-	ETWEEN	ONSET AN	DDEATH
	IMMEDIA	TE CAUSE (a)	Prematu	штсу								_	
		DUE TO, OR	AS A CONSEQUE	NCE OF									
Canditians, if		(b)											
gave rise to		DUE TO OR	as a conseque	NCE OF									
underlying c	ause last.	(3)	AS A CONSECUE										
PART 2 OTHER	SIGNIFICANT	CONDITIONS CON	NTRIBUTING TO F	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEA	SE OR CON	DITION G	IVEN IN I	PART 1	7	
		gestatio		-	- O I NEETHE	0 10 1116 16101		SE ON CON	D1110110	17214 [144	AKT TI		
21a. ACCIDENT WAS OR CONTRIBUTING OF EITHER NOTIFY 21d. INJURY OCC			ON FOR WHICH	OPERATIO	N WAS PERF	ORMED	20g AU	TOPSY?	20b. IF Y	ES, WERE	FINDI	NGS USE	D.
FE							VEC 🗆		IN CERT	IFYING (		OF DEA	TH?
21g. ACCIDENT WA	S UNDERLYING	7 21b. TIME OF	INJII IRY		1214 HOW I	NJURY OCCURE	YES _	NO		ES _	BART OL	NO [	
OR CONTRIBUTING			MONTH DA	YEAR	21t. 110 W	WORL OCCOR	KED (ENTER)	ANTORE OF INJU	KY IN HEM 18	PARTIOR	PART 2)		
1 (IF EITHER NOTIFY				19									
21d. INJURY OC		21e. PLACE OF	FINJURY T. FACTORY, OFFICE, F	ARM ETC )	21f. LOCAT			CITY OR TO	WN	(0	YTHU		STATE
AT WORK A	T WHILE				10	0.0							
22a.1 certify the	it (1) (this hasp	ital) attended the	deceased fram_	Aug		19 00	ta	Λιια.	18	19.86		that (I)	(we) last
saw the dec	ceased alive an	Aug.	18 19	_86_, a	nd that in (my	) (aur) apinian	death accur	red on the d	ate and ho	ur and f	ram the	causes st	tated
22b SIGNATURE		of view the body of	ter death.		DEGREE						c. DATE		
	100	0/20	/	20		ATTENDING _	MEDICA					10-	
224 PHYSICIAN	CNIANE	TA		1	72e ADDRE	PHYSICIAN 3	DIRECTO	R   PHYSIC	IAN []			10-	060
	Schaff	V				) Frede:	rick F	A# #4	19 Ga	ithe	rhu	ra.	MD.
Janet	SCHULL	er, ND					LICK I	ta. III	17 00		-1200	-9/	- 127 •
23a BURIAL, CREMATI	ON, REMOVAL					CREMATORY	23d. LOC	TY OR TOWN		COUN	TY.		STATE
Cre	mation		,1986 Me			Cremato	ry A	lexand	ria,	Virg	gini	a	
24 FUNERAL DIRECTO	Metropo	litan Fu	neral Se	rvice		250 DAI	E REC'D BY	1986 RAR	25) REGIS	TRAR'S	SIGNAT	URE	
5517 Vine						SET	T (	1300	Julia	Dana	m3 K	rada	Life

CERTIFICATE #86-26524



		1						ARYLAND			0 6	-	3
		1-	FOR STATE			DEPARTMENT OF				0	6. 0	and it	J
00-	19383		REGISTRAR		ME	DICAL EXAMIN	ER'S C	ERTIFICATE C	F DEATH	REG.	NO.		
h o	13303		CEASED NAME	FIRST		MIDDLE		LAST	20 D	ATE KNOWN	нтиом 🔀	DAY YEA	R 26 HOUR
	2 2 2 2 2 E	(	E ON PRINTY	Dwight	F	Robert	St	offer, Jr.	DE	OF ESTI-	□ 9/	13/19 8	36 "
	PLEAS RECTOR R FILES HOUR STREET	3. SEX	4 R	ACE 5	DATE OF BIRTH	6. AGE (IN YE	ARS IF UN	DER TYR. IF UNDER	24 HRS 2c	DATE	MONTH	DAY YE	AR 24 HOUR 11:28
4	DIRECTOR. OUR FILES. ON STREET,	Ma	le	anage in	1. 3 1:	2 46 40 Y	RS. MONTH	S DAYS HOURS		OUNCED DEAD	9/	13/19 8	
	SE TE		RTHPLACE (STATE	Caucasia,	b. CITIZEN OF WI	40 40	10	ED X NEVER MARR	9. BA	LTIMORE CITY	OR COUNT		
	SHOPE		reign country) ndiana	2	11.0	4	WIDOW			lontgome	ery Col	intv.	
	Shames a	10 C	TY OR TOWN OF I	DEATH 1	I. NAME OF HOS	PITAL, NURSING HOM				CCUPATION OF		12b. KIND OF OR IMP	BUSINESS
	\$## ZO()	1	ilver Sp	ring		CILITY, GIVE STREET ADDRESS)			Spania	e WORKING HEET	2100 4		wecal C
	BEZEG -	TISIL	I DESIDENCE HER	-	14/25 GC	ve residence BEFORE ADMISSI	ON)		Specia	a syste	allo	Walter	Reed
21201	36538	130 S	Md.	Montgo	merlu	Silver Sp.	rina	13d. INSIDE CITY LIMITS?	139 STREET LA	Good He	ano Rd	21	7/14
0.3	三年		THER'S NAME	1	J.I.C 09	Greet Green	oung	TS MOTHER'S MAID	1	0004 110	ope Ru	.0101	4
BALTIMORE, MD.	H- 395		FIRST		MIDDLE	LAST		FIRST	EIA IAWWE	MIDDLE		LAST	
ORO	8888	160 \	Dwight VAS DECEASED EV	FRINIIS APAGE	D EODCES?	Stoffer	Sh.	Dolly 17. INHOUSE		ADDRE	SS	Lemin	9
MIT	S AFTER DE GIVE PAGE ITH FORM PAGES 1 A IVISION OF	()	ES. NO. OR UNKNOWN	965-69	R OR DATES)	217-46-78	80	Barbara S	Stabbon	10159 S	Suther	land R	oad,
¥	JRS AFTER 3. GIVE PA WITH FOR T. PAGES I DIVISION						00	bacbata 3	nogger	Silver	Sprin	g, Md.	20901
T.	000 0.08 1.08 1.08 1.08		PART I DEATH	EATH (Enter only of WAS CAUSED 6	one couse per line BY:	far (a), (b), and (c).)	-	0   -1 1				BETWEEN OF	NSET AND DEATH
Z	24 HOUR ITEM 18. LONG W PERMIT. GIENE, D	17	797	MMEDIATE				Soot Inhal	ation				
PRESTON ST		1	Candition	ony, which	DUE TO, OR	AS A CONSEQUENCE	OF						
4	SANS REA REA	100	gave rise	to immediate	(b)								
3	A A WILL		lying cause lo	ting the <u>under-</u>	DUE TO, OR	AS A CONSEQUENCE	OF						-
. 201	2. 4200				(c)								
RECORDS	D BE EXECTED BY WEDICAL MEDICAL AS A BU CREMATH AN		PART 2 OTHER SIGNIFI	CANT CONDITIONS CO	NTRIBUTING TO OFATH	BUT NOT RELATED TO THE TERM	IINAL OISEASI	OR CONDITION GIVEN IN PA	RT I tot.				
0	AALTI ALTI	CERTIFICATION											
	A HE SE	1 A	190 DATE OF OP	ERATION	196 CONDI	TION FOR WHICH OPER	N MOITA	AS PERFORMED?		- 0.00		20 AUTOP	SY?
DIVISION OF VITAL	3888758 T	E					-					YES D	NO
OF.	O PEN HEN	W W	210 EXTERNAL C		21b. TIME OF	INJURY MONTH DAY YEAR	2Te. HO	OW INJURY OCCURRE	D (ENTER NATURE	OF INJURY IN ITEM	18 PART 1 OR PAR	RT 2)	
N C	SHOOF &	3	UNDERLYING CONTRIBUTING	OR CAUSE OF DE	ATH 11:20		S	ubject in	house f	ire			
/ISI	PREPARED 1	MEDICAL	21d. INJURY OCC		The PLACE OF		711.10			ORTOWN	<b>3</b>	INTY	STATE
ā	R: THIS CERTIFICATE SHOULD E TE, WRITING THE WORD "PEN RWARDED TO THE CHIEF MI R: PAGE 3 SHOULD BE USED A STATE DEPARTMENT OF HEA STATE DEPARTMENT OF HEA	E	WHILE ON	OT WHILE X	1 / .	ome		25 Good Ho		Silver			
	E. THIS C RWARD PAGE: STATE		THE PERSON NAMED IN	~//		And the second second	Autop	and the second s			-	2	A
V_1	A TO SEE		22a Conting	V . 1	/ [	cribed obove, held an	Autop				and in my op	inion	
-	SEE SEZ		death resulted to	Notwood.	genes	Accident (X) Sy	ficide []	Homicide	Undetermin	ed manner			
	200 B B B B B B B B B B B B B B B B B B		ACTUAL	41X	2111	all		TITLE (SPECIFY)			DATE		
	A RAME A	1	SIGNATURE	11/1	12000	-	3_"	- Cihef	MEDICAL I	EXAMINER	SIGNE	D_9/14/	86
	S S S S S S S S S S S S S S S S S S S		EXAMINER'S HA	× (	)	1.1							
	TO MEDICAL EXAMINER: THE SERECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNEAU DIRECTOR: PAFER DEATH, WITH THE ST BALTIMORE, MARKLANDS AND ARKLANDS AND ARKLA		TYPE OR PRINTY			lek, M.D.			ll Penn				
	F M C F < Ø	230.B	JRIAL, CREMATION			2%. NAME OF CE			23d. LOCATI	VN	COUN	eTY .	STATE
07/84 25M	BP	24.5	Burial		ept. 18,	84 Arlin	gton	National		ington		ington	Va.
Z.J144	DHMH - 17	74.5	UNERAL DIRECTOR	Francis	J. Coll	ins, Ir.		450 %	5 1986	SIRAR 256 RE	GISTRAR'S 3	MATURE	
	(VR A15 ME (	5	00 Univer	sity Bl	ud. West	Silver Sp	ring.	Md.		V			

TTENDING pital or of TOR: After for use as t of Health a	27a. I certify that (1) (this hospital) attended the deceased from 31 Oct 1978 to 19 Sept 19 86 sow the deceased alive on above, (1) (we) (did) (did not view the body after death.									
AL OR A the hos, the hos, the bos, the best detoched ote Dept.	22b. SIGNATURE	Merry	DEGREE	ENDING MEDICAL STAFF YSICIAN ADIRECTOR PHYSICIAN	22c. DATE SIGNED 19 Sept 86					
O FUNER TO PUNER TO P	John M. Wy	man	7801 N	orfold Avenue Beth	esda, Md. 20814					
BP	23a BURIAL, CREMATION, REMOVAL	23b. DATE 9/22/86	23c. NAME OF CEMETERY OF CRE Maryland Vetera	ans Cemetery Chel						
DHMH - 16 60M 7/84 (VRA 15, 4)	<sup>24</sup> FUNERAL DIRECTOR Tyson 1331 Rockville Pil-	Wheeler Fur ke, Reckville,	meral Home, Inc. Maryland 20852	SEP 2.2 1986	REGISTRAR'S SIGNATURE					

86

Home

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COUNTY

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126 KIND OF BUSINESS OR

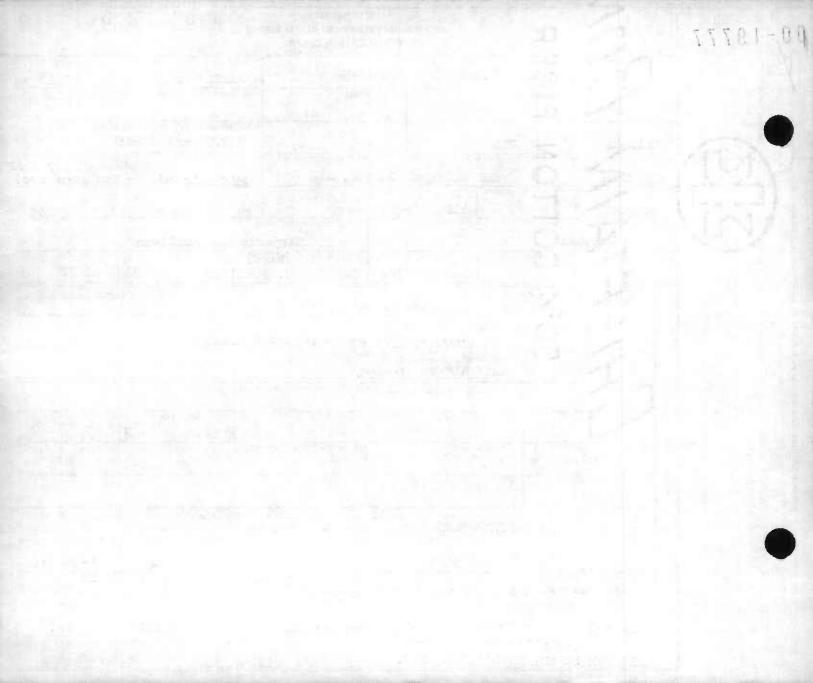
IF UNDER 1 YEAR

100		1.	FOR STATE	D	EPARTMENT OF H	E OF MARYLAND   EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6 2	6 5 2 /
130	13	1 55	REGISTRAR				REG. NO.	1.0
e p	deoth deoth		OR PRINTI	MIDDLE		RATTON	Sentember 1	7 1986 833 PM
ge 4 mo	n offer o	3 SE	Female	Caucasia	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 70 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
eoth. Pog	100			76. CITIZEN OF WHAT CO	HNITDV2 1	NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH COUNTER MD.
ofter d	1	10. CI	Koma Park	NAME OF HOSPITAL,	NURSING HOME (	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE  RETIRED	126. KIND OF BUSINESS OR
LAND 2120		13a S	AL RESIDENCE (IF MURSING HOLD OR ON TATE)	OTHER INSTITUTION, GIVE RESIDENT TY 137 CITY		13d. INSIDE CITY LIMITS?  YES NO S  15. MOTHER'S MAIDEN NAM	130.STREET ADDRESS / ZIP CODE	ent Mobile Est.
ARY	15 12	7)	FIRST		LAST	FIRST		an, MD 20711
E, M		16a .V	Joseph  /AS DECEASED EVER IN U.S. AR/		WOOD	Edith 17. INFORMANT	ADDRESS	Earl
TIMOR be exec	S. Poge			WAR OR DATES) 188	101 00	Calvin Stratt		
ST., BAL	physicie an paper emocal.		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATION	y ane cause per line for ta D BY: E CAUSE (a)	PARDIAE	ARRES		APPROXIMATE INTERVAL BETWEEN ONSET, AND DEATH
11 W. PRESTON	d by the attending ease remave carb ol, cremation, or r or ather traumatic		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.		NSEQUENCE OF	CORONARY	FAILURE ARTERY DISEASE	
RECORDS, 20	Then plant to buri	NOI	PART 2 OTHER SIGNIFICANT C	+ AORTIC	Disens	E- TosT AO.	NAL DISEASE OR CONDITION GIVE CTIC VALVE SEPLA	NIN PART TO BYPAS
A PE	it permit iene pric	CERTIFICATION	190 DATE OF OPERATION 9/17/86	196 CONDITION FOR	ADRTICE BARY ART	NWAS PERFORMED DISGASE 4 CRY DISGASE	200 AUTOPSY? 20b. IF YES. YES NOW YES	WERE FINDINGS USED YING CAUSES OF DEATH?
OF VIT	buriol-transi Mental Hyg or Item 18 %		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	116. TIME OF INJURY HOUR A.M. MON P.M.	TH DAY YEAR	21c. HOW INJURY OCCURR	ED   ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)
DIVISION OF NG PHYSICIA offending pl	After this ce as the bure of the and Me morked or It	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21s. PLACE OF INJURY		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDIN itel or	or use of if Health		22a. I certify that (I) (this haspit saw the deceased alive an	9/17	1986 01	d that in (my) (aur) apinian a	eoth occurred an the date and hour	9.86, that (I) (we) last and from the couses stated
At OR AT	AL DIRECT etached for the Dept. of the Management of the Managemen		obove (I) (we) (dig) (did ear 27b. SIGNATURE	wiew the Body after deat		DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF	224. DATE SIGNED
DSPIT ed by	should be deto with the State I IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE OF	SEIMAT,	40-	22e. ADDRESS 103 SILVER SP.	13 GEORGIA	AV. 0902_
₽ ₹ BP_	F # 3 8		URIAL, CREMATION, REMOVAL SPECIFY) Burial	236. DATE 9/20/86		emetery or crematory  t Cemetery	23d LOCATION CHYOR TOWN Davidsonville	COUNTY STATE
Uhivi	16 60M 7/84		INERAL DIRECTOR			25a DATE	REC'D. BY REGISTRAR 256. REGISTE	
	PA 15, 4)	Ran	sch Funeral Hon	e.PO Box 45	Owings M	0 20736   SF	P 2 3 1988	And Annie Spendage and Alle St.

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Tala all the secretary to the second of the

19777	1 -	FOR STATE REGISTRAR		DEPAR	TMENT OF I	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE ÖÖ	2 3	5 2 8		
noy be poge 3 or death		CEASED NAME FIRST STE	20. DATE OF DEATH SEPTEMBER	MONTH DAY	YEAR   26. HOUR   6:15 BM						
ge 4 moy rector, poo	3 SE	× MALE	4 RACE WHI	WHITE  7b. CITIZEN OF WHAT COUNTRY?  USA		OF BIRTH YEAR 30. 1961	6. AGE (IN YEARS LAST BIRTI	YRS	R 1 YEAR IF UNDER 24 HRS DAYS HOURS MIN.		
deoth. Po	I	RTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	USA			D NEVER MARRIED DIVORCED	MONTGOMER	MD			
by the f	P	ETHESDA	(IF NOT IN SU TH)	E CLINICA	AL CEN	CER, NIH	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) 126 1ND	KIND OF BUSINESS OR USTRY Army & A Kchange Svc.		
should be	13a S	AL RESIDENCE (IF NURSING HOADSTATE 13b) CI		13t. CITY OR TO	)WN	136 INSIDE CITY LIMITS? YES NO  15 MOTHER'S MAIDEN NA	13e STREET ADDRESS /		02 20879		
ompletely 7 and 2 sh		ATHER'S NAME FIRST Unknown	MIDDLE	LAST		Marjo	rie Lou Sul		LAST		
s. Poges e medico		VAS DECEASED EVER IN Ú.S YES, NO OR UNKNOWN) (1F YES	. ARMED FORCES? 5. GIVE WAR OR GATES)	541-80		BARBARA R.		SAME	AS PT		
n signed by the ottend Then please remove co rto burial, cremation, injury, or other traumal	NOI	Conditions, if ony, which gove rise to immediate couse (o.), storing the underlying couse lost  PART 2. OTHER SIGNIFICAL	DUE TO, (c)	ASKINS	UENCE OF	THE BRANN, CHE		aition given in p	PART IIo		
icion.  te hos bee nsit permit.  rgiene prio shows ony	CERTIFICATION	19a DATE OF OPERATION			CH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES X NO	IN CERTIFYING C	FINDINGS USED CAUSES OF DEATH? NO [		
certifica miol-troi entol Hy Item 18	MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR A	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IN ITEM 18 PART OR I	PART 2)		
After this e as the bu olth and M marked or	WED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET FACTORY OFFIC		21f LOCATION STREET	CITY OR TOW	1547	unty state		
OR ATTENI ne hospitol DIRECTOR: oched for us Dept. of Her If hem 21 is i		22a I certify that XI (this haspital) attended the deceased from JULY 19 , 19 84 to SEPTEMBER 25 , 19 86 , that XI (we) lost saw the deceased alive on SEPTEMBER 25 19 86 , and that in (XI) (our) opinion death occurred on the date and hour and from the causes stated above. A (we) (did) (did not) view the body after death,									
		226. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 9-26-86									
TO HOSPITAL retained by the TO FUNERAL should be detroited with the State with the State MAPORTANT:		JULIUS ,		IONES,	ч.0.	22. ADDRESSNATION CLINICAL CEN	TER, BETHESI	ES OF HEADA, MARYI	ALTH AND 20894		
BP		BURIAL, CREMATION, REMOVING SPECIFY)  Removal	9-27-8	36 I	Cehman	EMETERY OR CREMATORY Funeral Home	23d LOCATION CITY OR TOWN SWOYE:	rville	Pa.		
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	JNERAL DIRECTOR Marsh	nall's Fu NW: Washi	neral Ho	me .C.	25a. DAT	P30486	25b. REGISTRAR'S S	No. Co.		

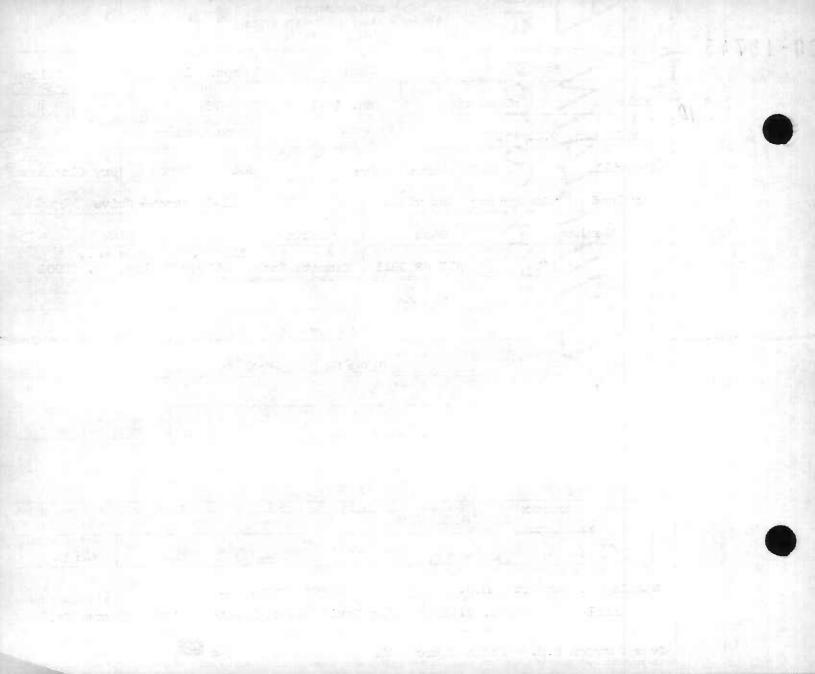


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00	10005	1-	STATE		ME				ERTIFICATE		and G.	9	-0.0	
U U -	19905	1. DE	REGISTRAR	FIRST	IVIE	MIDDLE	EVAMILIAE	K 3 C	EKTIFICATE		REG. NO			
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	LES OR LES	0.05	V	Pear		у			wab		H MATED	9/26	19 86	M
	STATE	3. SE		4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR LAST BIRTHDAY			ER 24 HRS. 2c. DA	TE UNCED	MONTH DAY	Y YEAR	8:30
	ARY COUNTY ON		emale	White		.903	83 YRS			DEA	AD	9/26	19 86	A. M
	CESSARY, PLEASE JERAL DIRECTOR. OR YOUR FILES. HILL 172 HOURS PLES ION STREET,	FC	OREIGN COUNTRY)	ATE OR	76 CITIZEN OF W	HAT COUN	TRY?	MARRI	ED NEVER MAR	RRIED 7. BALTI	MORE CITY OF	R COUNTY OF	DEATH	
	AN N		Penn.		U.S.A.				ED XX DIVOR		ntgomery		у	MD.
-	PAGE PAGE	10. C	ITY OR TOWN	OF DEATH	11. NAME OF HOS	CILITY, GIVES	TREET ADDRESS)		ER INSTITUTION	12a. USUAL OCC			KIND OF BUS OR INDUSTR	INESS
0000	\$0.8		Silver :		3842	Bel F	re Road			Housew	ife		House	vise
0	ANN DE AND 310 SETAIN F HOULD RECOR	13a. 5	AL RESIDENCE STATE	(IF IN NURSING HOA	E OR OTHER INSTITUTION, G	13c CITY	OR TOWN	,	13d. INSIDE CITY LIMITS?	II3e STREET ADD	RESS		a xi	03/
2 2	\$ \$ 40 E		Marylan	d Mo	ontgomery	Silv	er Spr	ing	YES NO	- 2040 D	al Pre I	Road #1	00	700
WD	H. 7.2, N.3.	14. F	ATHER'S NAME		WIDDLE		IAST		15. MOTHER'S MAI	DEN NAME	MIDDLE		LASY	
er m	SES SES		Daniel			Wer	itz		Daisy		MAIDDLE	M	liller	
WO	F PAG F PAG F PAG ON D	16a. \	WAS DECEASED	EVER IN U.S.	ARMED FORCES?	16b SOC	IAL SECURITY	NO.	17. INFORMANT G	randdaugh	COADDRESS			
BALTIMORE, MD. 21201	JRS AFTER 3. GIVE PA WITH FOR I. PAGES DIVISION	,	no	WIN) (IF 165, G	VE WAR OR DATES!	201-	-01-550	7	Patricia	A.Dix san	ne as #	13e		
100	B. B. G. T. P. T.		18. CAUSE O	F DEATH (Enter	only ane cause per line	for (a), (b)	, and (c).)						APPROXIMATE	INTERVAL
ST	24 HOUI ITEM 1B LONG V PERMIT SIENE, E		PARTIDE	ATH WALE CALL	SED BY: IATE CAUSE (o) AC			al	disease			BE	TWEEN ONSET	AND DEATH
10	TED WITHIN 24 PARTIES AND SEARCH IN ITEA MAMINER ALON AL-TRANSIT PER MENTAL HYGIEN OF REMOVAL			IMMED			SEQUENCE OF		arocuse					
S. S.	VITHIN VCIL IN INER / RANSI TAL H			ns, if any, whi		noni	myocai	dia	1 disease			10.75		
Α.	NIA NIA			e ta immedia stating the unde			SEQUENCE OF	ula	I ulsease	•				
0	N AL-		lying cau	se last.		No A COI	OLGOLINCE OF							
08,	XECUTI VG. IN VAL EX BURIA AND A		PART 2 DTHER SH	SNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT PELA	TEN TO THE TERMIN	NI DICEACE	OR CONCITION CIVIN IN	BARY 1				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	H S S A I S	Z		No		DOT NOT REEN	TEO TO THE TERMIN	AL DISEASE	OK CONDITION GIVEN IN	PAKE I (0)				
<u> </u>	PENC PENC PENC PAS PAS PENT PENT	CERTIFICATION	19s. DATE OF			TION FOR	WHICH OPERA	ION W	AS PERFORMED?			120	AUTOPSY?	
IAL	HOULD RO "PE CHIEF A USED OF HE	F	N.	000								120		(%)
- r	SHOW HE WAS	ERT	21s. EXTERNA	one L CAUSE WAS	21b. TIME O	INJURY		21c HC	OW INJURY OCCUR	RED (ENTER NATURE OF	INILIRY IN ITEM 18 PA	ART 1 OR PART 2)	YES [	NO [X]
O Z	RTIFICATE SH NG THE WOR TO THE CI SHOULD BE PARTMENT		UNDERLYING		HOUR A.M							ar i sar i ar		
Sio	E() FIGURE	MEDICAL	21d. INJURY C	NG CAUSE O	F DEATH P.N		19 (AT HOME	21f LO	None					
DIV	ARDED ARDED GE 3 SI (GE 3 SI (TE DEP	ME	WHILE C	NOT WHILE	STREET, FAC	ORY, FARM, ET	(C.)		TREET	CITY OR T	OWN	COUNTY		STATE
	WAWA PAC 212		AT WORK	AT WORK										
	NO. HE SE		22a. I certif		rge of the remains des	cribed obo	ve, held on	Autops	y Li Inspect	ion 🚺 , Inquir	y L., ond	in my opinion		
	EXAMINER: CERTIFICATION DE BE FOR DIRECTOR! (, WITH THE MARYLAND)		death resulte	d from: No	tural causes X,	Accident	Suici	de 🔲	Homicide	Undetermined n	nonner,			
	AAN WIN		ACTUAL	/7	/ A	1	/		TITLE (SPECIFY)					
	★ 분 보 분 는 는 는 는 는 는 는 는 는 는 는 는 는 는 는 는 는		SIGNATURE	- FOR		/	20	C.JM.	Deputy	MEDICAL EXA	MINER	DATE SIGNED	9/28/8	36
	NE SE	0	EXAMINER'S	VAME	-01-		0	-	1919	Seminary	Road			
	TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BI PAGE 4 SHOULD BI TO FUNEATL DIREC AFTER DEATH, WITH BALTMORE, MARYL		EXAMINER'S			jers,	M.D.		ADDRESS STIV	er Spring	, Montgo	omery C	ounty	, MU
	<b>FDSF49</b>	23s.B	URIAL, CREMAT	ION, REMOVAL			AME OF CEME			23d LOCATION		COUNTY	STA	TE
07/84 25M	BP	1	Burial		Sept. 29.19			w C	emetery	Johnsto		ambria		
2314	DHMH - 17	24 F	UNERAL DIRECT	TOR Franc	is J. Call	ins,	Jr.		250. DATE	REC'D. BY REGISTR	AR 25b. REGIS	TRAR'S SIGNA	TURE	
	(VR A15 ME (5))	51	00 Unive	ersity 1	Blud. West,	Sili	ier Spr	ing.	Md. dot	7 1000	- Figures	Land Brown		
										TO TORONO				

	1			STATE OF MARYLAND	8 0 /	2 6 5	3 0
0-19941	1	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH			
m 6	1. DE	CEASED NAME FIRST	WIDDLE	LAST			HOUR
noy be poge 3 r death		WILLIA		SWINK	9 -		3.30 AM
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9 PHYSICIAN: The physicic physicic price are this certification on the buriol-fronsit ond Mentol Hygic ked or Item 48 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR 21c HOW INJURY O	OCCURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)	
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A ATTER hospito RECTOS ed for pt. of h	1	sow the deceased alive an above, (I) (we) (did) (did no	19 19 ti view the body after death		pinion death occurred on the dat	e and hour and from the caus	ses stated
T Coch		226. SIGNATURE	amak or t	DEGREE MD ATTEND			I.C.
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DHMH - 16 60M 7/84 (VRA 15.4)	W.	Att Mellows Ell		M W D C	OCT 03 1986	, . Von William Bond	MARIL

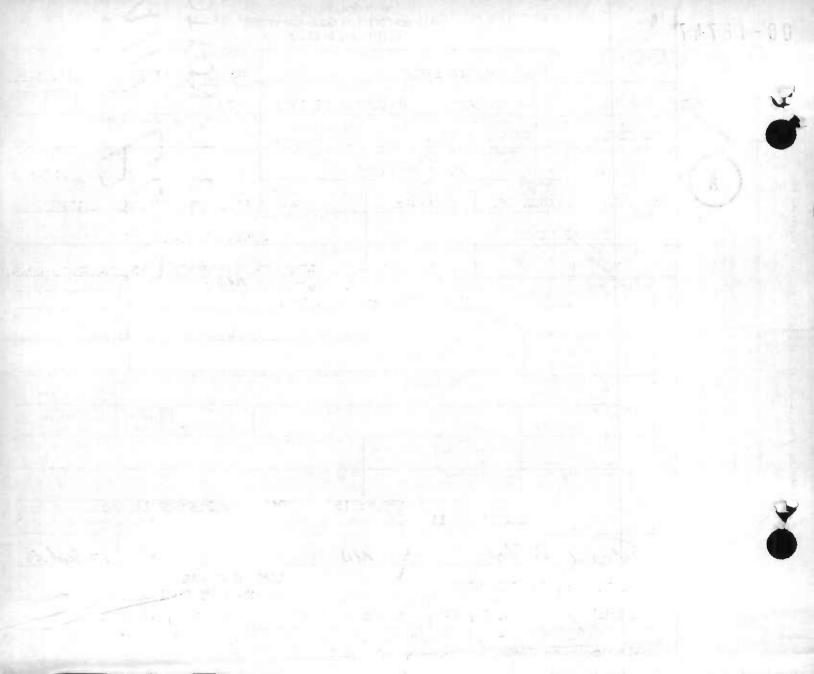
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deoth. Po	1	SRTHPLACE (STATE OF FOREIGN COUNTRY) Washington, D.C		WHAT COUNTRY?	MARRI WIDOW	ED NEVER MARRIED		TIMORE CITY OR Mon tgome	COUNTY OF	DEATH	MI
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equires that the death certific is signed by the attending phy. Then please remove carbon of to buriol, crematian, or remonjury, or other traumatic even	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse to, stating the underlying couse lost  PART 2 OTHER SIGNIFICANT	DUE TO, C  DUE TO, C  DUE TO, C	SHOO OR AS A CONSEQU OR AS A CONSEQU	ENCE OF		CANCE		ITION GIVEN I	1 10	MATE INTERVAL MSET AND DEATH
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TO HOSPITAL OR A setained by the hosp TO FUNERAL DIRECT should be detached with the State Dept.		22b. SIGNATURE  Storly a  22d. PHYSICIAN'S NAME (IYPE	Sel OR PRINT)	din	Jul	DEGREE ATTENDIF PHYSICIA	NG MED AN XX DIRE	ICAL STAFF	AN 🗌	9/18	
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DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTO Cunningham - Mountcastle Funeral Home | 250 DATE RECT. BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE, 13318 Occoquan Road Woodbridge, VA



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ON OF VITAL RECORDS, 201 W. PRESTOM ST., BALTIMORE, MARYLAND 21201	HYSICIAN, The law requires that the death certificate be executed within 24 hours after death. Page 4 manage physician.	in certificate has been signed by the attending physician and completely I with by the funeral director. I busing their the please receives corbonoppers Pages 1 dhu 2 should general within 72 bours after

7752	1	FOR STATE REGISTRAR			DEPARTA	NENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE O REG. N	2 (	6 5 3 4			
- X		OR PRINTI	FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR			
To state regist in decade of the property of t	Er	ic A.	Tietz					9/4/86	4:05P M				
112	3. SE	X	4. R	PACE		5. DATE C		6 AGE (IN YEARS LAST 81	THDAY) IF UNDE	DAYS HOURS MIN			
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ブ	7a B N	IRTHPLACE (STATE OR FOR COUNTRY)  EW Jersey		Unite	what country?	MARRIE WIDOWE	NEVER MARRIED	Montgomer					
300	10 C	ITY OR TOWN OF DEATH	11.		OSPITAL, NURSIN		OR OTHER INSTITUTION	12n USUAL OCCUPAT	ION 12h	KIND OF BUSINESS OR			
(2)		Bethesda			ban Hosp					DUSTRY Dept of			
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7-2		ATHER'S NAME			Deenes	<u>uu</u>	15 MOTHER'S MAIDEN N	AME	C VII GI	mra Avenue			
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1		22a.1 certify that (1) (th		attended the	deceased fram_	2/-2	19 54	to dept	3 19 0	that (1) (ve) last			
1		saw the deceased above, (1) (we) (did	alive an ) (did nat) vi		efter death.		ed that in (my) (aur) apinion	n death accurred an the d					
3		226 SIGNATURE		. 1 0	1) 1	,	DEGREE	MEDICAL STA	100	A DATE SIGNED			
3		12	asep	she P	, Kenno	5	PHYSICIAN	DIRECTOR PHYSIC		9/5/86			
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1	23a	BURIAL, CREMATION, RE	MOVAL 2	3b. DATE C	ont of Bud	AME OF C	EMETERY OR CREMATORY	23d LOCATION	1				
2		(SPECIFY) Cremati	ion				olitan Cre		vandria				
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P.A. 7557 Wisconsin Ave., Bethesda, MD

DHMH - 16 60M 7/84 (VRA 15, 4)

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DHMH - 16 60M 7/ (VRA 15, 4)

TO HOSPITAL

	REGISTRAR	CERTIFICATE OF DEATH  REG. NO.									
	CEASED NAME FIRST	Elizabeth	THO	MPSON	20 DATE OF DEATH MONTH	1986 425 E					
3. SE	Female.	4 RACE White	Jan.	BIRTH 1920	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.					
10 17	IRTHPLACE (STATE OR FOREIGN COUNTRY) Shington, D.C.	76 CITIZEN OF WHAT COUNTRY?  USA	2 0	NEVER MARRIED	BALTIMORE CITY OR COUN	NTY OF DEATH					
OF	3ethesda	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET	TADDRESS)	Spital.	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	125 KIND OF BUSINESS OR					
Mai	ryland Montg	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY OMERY Silver	Spring		13. STREET ADDRESS / ZIP CO	ope e., 2090					
III. F/	ATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ME	LAST					
( )4= 1	Frederick WAS DECEASED EVER IN U.S. AF	A Poore		Annie	ADDRESS	Meyers					
	YES NORMANOWNI (IF NES GI	578-22-9		.,		band)-Same as 13					
	18 CAUSE OF DEATH (Enter o	nly one cause per line for (a), (b), or	nd (c)	A -		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
		TE CAUSE (0) GASTR	re c	ARCINOU	14	6 mas					
TION		DUE TO, OR AS A CONSEOU  (c)  CONDITIONS CONTRIBUTING TO  CONDITION FOR WHICH	DEATH BUT	RIGHT)		GIVEN IN PART Tro					
CERTIFICATION			- OPERATION		YES NO NO ER	YES NO NO					
4	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	DAY YEAR	21c HOW INJURY OCCURE	ED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)					
MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE					
	above ( (ve) fid this a	ituli runded the deceased from	V1/	that in my) pur) opinion	to	, 19 6, tho (1) we) lost hour and from the couses stated					
	226 SIGNASUR Cobert	andeman			MEDICAL STAFF DIRECTOR D PHYSICIAN D	9/11/86					
-	22d PHYSICIAN'S NAME (TYPE			10215 Reserved	od Rd., Bethesd						
7	Robert	J. Lindeman, MD	,	10215 Fernwoo	od Rd., Delliesd	a, Md.					

STATE OF MARYLAND

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FOR STATE REGISTRAR

STATE OF MARYLAND	5.1	An.	2.7	Can	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0	0	die	0	Start.
CERTIFICATE OF DEATH		DEC NO			

1 00		7	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR	To:
	Jol	hn La	Mar	Thomps		September 7		26 HOUR 7:05 P <sub>M</sub>
100	X	4. RACE		5 DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
7	Male		White	Jul	y 11, 1911	75 v	MONTHS DAYS	HOURS MIN.
	BIRTHPLACE (STATE OR	FOREIGN 7b. CITIZ	EN OF WHAT C	OUNTRY? 8.	YY.	9 BALTIMORE CITY OR COU		
1	Wash. D.C.	. 1	J.S.A.	MARRIE	DIVORCED DIVORCED	Montgomery (	ountre.	MD
10 C	ITY OR TOWN OF DEA	ATH 11. NA	ME OF HOSPITA	L, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b: KIND C	OF BUSINESS OR
	Bethesda		Suburk	on Hospita	a <b>1</b>	Accountant		Admin.
	JAL RESIDENCE (IF NUR	13b. COUNTY		Y OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C	CODE	
	MD	Montgome	ry Che	vy Chase	YES 🔀 NO 🗌	3704 Woodbine	st./208	15
14. F.	ATHER'S NAME	MIDDLE		LAST	15. MOTHER'S MAIDEN NA	WE	LAS	T.
	Charles	F.	П	hompson	Daisie	-		ning
	WAS DECEASED EVER		RCES? 16b. SO	CIAL SECURITY NO.	17. INFORMANT	ADDRESS		
	(YES, NO OR UNKNOWN)	WW II	57C	-03-1498	Etta S. Thon	npson, Same add	ress as	#13 <sub>a</sub>
H	7	H (Enter anly ane co			1 11000 0; 11101	apoon, pound add		IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH W	VAS CAUSED BY:	1.18		ARREST		BETWEEN	DNSET AND DEATH
		IMMEDIATE CAUS						
1		DUI	TO, OR AS A C	ONSEQUENCE OF	al INFAR	. <del>-</del>		
	Canditians, if any gave rise to im-	, which	(b) / y	ocursi	ac IN FAR	C1		
	cause (a), statu		TO, OR AS A C	ONSEQUENCE OF				
	underlying cause	e last.	(c) CA	RDIAC	ARRMYTHA	44		
	PART 2. OTHER SIG	NIFICANT CONDITI	ons <u>contribu</u>	TING TO DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CONDITION	GIVEN IN PART 1	a
S	Ken	al fail	410 -	PROSTA	TTIC Hyperi	trophy		
1 3	190 DATE OF OPERA	TION 19b.	CONDITION FO	R WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY? 20b. II	FYES, WERE FINDIN	NGS USED
CERTIFICATION						YES NOW	ERTIFYING CAUSES YES	NO [
1 %	21g. ACCIDENT WAS UN		TIME OF INJUR		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM		
	OR CONTRIBUTING	CAUSE OF DEATH	DUR A.M. MC					
WEDICAL	(IF EITHER, NOTIFY MED 21d. INJURY OCCUR		P.M. PLACE OF INJU	19	211. LOCATION			
꾶	NOT W	TAT		DRY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
	AT WO	ORK -		10-		00-11	D/	
1		(this haspital) atte	nded the deceas	10/	7 5-26, 19 / 5	7	19 66	that (I) (we) last
	saw the deceas abave, (1) (we) (	did) (did nat) view th		19_ <b></b>	nd that in (my) (aur) apınıan	death accurred an the date and	I haur and Iram the	causes stated
1	22b. SIGNATURE	01			DEGREE		22c. DATE	SIGNED
1	1 heur	1. /veru	rapura	14.11	ATTENDING PHYSICIAN	MEDICAL STAFF  DIRECTOR PHYSICIAN	9/8	8/86
1	22d. PHYSICIA 15 N		1		22e. ADDRESS			
1	Irene G.	Tamagna,	MD		7101 Connec	cticut Ave., Ch	nevy Chase	e, MD
23a	BURIAL, CREMATION,	REMOVAL 23b. D	ATE	23c, NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
	Burial		10/86	Cedar	Hill Cemetery	Suitland,	Md	STATE
74 F	UNERAL DIRECTOR					E REC'D. BY REICH DEAR 256 RE		APE .
	130 Wiscon	obepu Ga	MTCT.D	ADDRESS D		1 0 1300	-S-MAN-3-310NAT	-NE
12	TOO MISCON	SIN Ave, N	w, washii	TROUT'D'C.	SOUTO			

DHMH - 16 60M 7/84 (VRA 15, 4)

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SISO WI AVE. IN 20016

STATE OF MARYLAND

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Maryland 20852

9/11/86

230. BURIAL, CREMATION, REMOVAL

(SPECIF Burial

"Silver Spring, Maryland Ale Gate of Heaven Cemetery 250 DATE REC'D. BY REGISTRAR 251, REGISTRAR'S SIGNATURE

2h HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL

86

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YES [

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20009

(VRA 15, 4)

1804 T Street, NW, Washington,

STATE OF MARYLAND



			FOR			STA DEPARTMENT OF		MARYLAND I AND MENTAL	HYGIENE	0 5	2 6	4 43	
n n	19367		STATE REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.										
0 0.			CEASED NAME OR PRINT)	FIRST NES		WIDDLE	TUC	KER		OF ESTI-		Y YEAR 1986	26 HOUR 48
	RECTOR RECTOR JR FUES PHOUR STREET	3. SEX	4. RAC	1. 40	DATE OF BIRTH	VEAR LAST BIRTHD	MONT (YA			DATE DNOUNCED DE AD	MONTH DA		2d HOUR
41	ALDI YOU	lo Bi	RTHPLACE (STATE OR	17	O 5	- 0	RS.		98	ALTIMORE CITY O			7 PM
	SERVICE SERVICES		reign country)	+4	USA		WIDOW	IED   NEVER MAI	RCED   Y	etuch	omer	4	MD
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10	1348	USUA	L RESIDENCE (IE IN NO	IRSING HOME OR		E RESIDENCE BEFORE ADMISS	ION)	113d. INSIDE CITY LIMITS:	0			7.000	
916	N X	_	ryland	Montgo		Silver Sp	ring	YES NO		601 Inwoo	d Avenu	ie 20	1902
ON CON	1 308-H	14. FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MA	IDEN NAME	MIDDLE		LAST	
DIVISION OF	A SA CA	16a V	Thomas	IN U.S. ARME	D FORCES?	Morrisse 116b. SOCIAL SECURIT		Ellen 17. INFORMANT	Son	ADDRES &		ngan	M M
	A STEP		S, NO, OR UNKNOWN)	(IF YES, GIVE WA		577-05-47		John S. 1		Washingt			
	HOURS W 18 G WG WITI WMT. PV NE. DIV		CAUSE OF DEAT				0	0 1 1	an Tr	Ň-		APPROXIMATE	EINTERVAL
3	24 LITE NION T PER OVAL			IMMEDIATE	( DUE TO, OR	AS A CONSEQUENCE	OF		en a				(A)
RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. D. BE EXECUTED WITHIN 24 HOURS AFTER DEATH. II PRINDING?" IN PENCIL IN 178M. III. GIVE PACELL.	WITHIN 24 HOL WITHIN 24 HOL WINER ALON TRANSIT PE NTAL HYGIE E OR REMOVA		Conditions, if		(b)C	rTerios	Cler	othe Ca	nder	ascelles (	diser	ye	ans
	EXA PEN PON, ON, ON,		cause (a) stating lying cause last	the under-	DUE TO, OR	AS A CONSEQUENCE	OF	11:34			314		EBUSINESS  BUSINESS  JSTRY  20902  VE.N.W. 20015  MATE HITEVAL  HISET AND DEATH  STATE  STATE
90	D BE EXECUTED WITHIN 24 PENDING". IN PENDICAL EXAMINER ALON AS A BURIAL "RENIST REFAITH AND MENTAL HYGIE CREMATION, OR REMOVA	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10.										
9	1 1 1 1	CERTIFICATION	190 DATE OF OPER	ATION A	19b. CONDIT	ION FOR WHICH OPER	RATION W	AS PERFORMED?			20	AUTOPSY:	
2	CERTIFICATE SHAINS THE WORD THE COUNTY SHAINS THE WORD BE COUNTY SHAINS TO BUILD BUI		210 EXTERNAL CAU UNDERLYING	OR		MONTH DAY YEA	R 21c. He	OW INJURY OCCUR	RRED (ENTERNATU	RE OF INJURY IN ITEM 18 P	ART I OR PART 2)	YES [	NO
	THIS CETTING RWARDED TO PAGE 3 SHOT STATE DEPAGE 3 SHOT STATE STATE DEPAGE 3 SHOT STATE STAT	MEDICAL	21d. INJURY OCCUR WHILE NOT AT WORK AT W	RED	21e PLACE C	DF INJURY (AT HOME, ORY, FARM, ETC.)		CATION	Cr	Y OR TOWN	COUNTY		STATE
-	FOR THE SAND,		22a I certify that death resulted from		of the remains desi	Accident , Su	Autap vicide	sy , Inspec	}	nquiry , and	d in my apinian		
•	CAL EXA THE CER THOULD HOULD ATH, WI RE, MAR		ACTUAL SIGNATURE	Paul	Dank	lecho.	ho	TITLE (SPECIFY)	13 MEDICA	LEXAMINER	DATE SIGNED	/16/	86
	MEDIC KECUTE AGE 4 S D FUNEI FTER DE		EXAMINER'S NAME (TYPE OR PRINT)	Paul,	A. DEV	ORE, MI)		ADDRESS_H	13 QU Yatts	ville M	1 Roca 20	28/	
		(:	URIAL, CREMATION, PECKEY)			23¢ NAME OF CE			23d. LOCA CITY OR TO		COUNTY		
TO MEDICAL EXAMIP TO MEDICAL EXAMIP PAGE A SHOULD BE TO FUNERAL DIRECT A PTER DEATH, WITH I BALLIMORE, MARYLA BALLIMORE, MARYLA		24 FI	vial INERAL DIRECTORF	hannis	7 Capp	16 Gate of	Heave		TE REC'D. BY REC		TRAR'S SIGN	ATURE .	
	DHMH - 17 (VR A15 ME (5))	50	Universi	tu Rlu	d. W. S.	ilver Sprin	a. Mo	I. SI	EP 2.5	1986	to and the state of	at Partown	4
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Buvine — Le 19,1932 Gere di Roman Corntani Liver Spring Hon jondrum Md. Francis I. Collins, I. 20 Iniversita Bivi. M. Silver Spring, Mi.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST MIDDLE 20 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTS ROBERT DOUGLAS SEPTEMBER 26, 1986 5:25 am TUCKER AGE (IN YEARS LAST BIRTHDAY) 1 SEX. 4 RACE 5 DATE OF BIRTH JUNE 20, DAY 1937 YEAR MALE WHITE 49 BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED USA MONTGOMERY COUNTY DIVORCED TDAHO WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY THE CLINICAL CENTER BETHESDA NIH. MILL MANAGER LITM USUAL RESIDENCE (IF NURS IN HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE

131. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE OAKLAND OREGON OAKLAND ROUTE 1. BOX 58A (97.462 YESXX NO [ 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST ERNEST THCKER DORTS LUCINGER 160 WAS DECEASED EVER ARMED FORCES 16b SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN 544-36-4194 MRS. IREDA TUCKER, WIFE (SAME) NO 18 CAUSE OF DEATH (Enter only one cause per line far) a), (b), and ic PART I. DEATH WAS CAUSED BY EMORPITHOTE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause 45TIBALLO ASTOLL 1051 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 📉 NOF 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH LIE EITHER NOTIEY MEDICAL EXAMINER) PM 19

21e. PLACE OF INJURY

22a. | certify that X (this haspital) attended the deceased fram,

saw the deceased alive an SEPTEMBER 26 19 86 above X (we) (did) (dix XX view the bady after death.

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

(VRA.15.4)

23a BURIAL, CREMATION, REMOVAL 23b DATE CREMATION 9-27-1986

W. W. CHAMBERS CO.

AN'S NAME (TYPE OF PRINT)

21d. INJURY OCCURRED

NOT WHILE

23c NAME OF CEMETERY OR CREMATORY CHAMBERS CREMATORY

DEGREE

21f LOCATION

86

ATTENDING

ROCKVILLE PIKE, BETHESDA, MARYLAND CITY OR TOWN COUNTY RIVERDALE.

NATIONAL INSTITUTES OF HEALTH, 9000

CITY OR TOWN

and that in (n) (aur) apinian death accurred an the date and haur and from the causes stated

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

P.G.C. Md.

22c. DATE SIGNED

20892

STATE

COUNTY

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

RIVERDALE, Md. 20737

TO BE SEED OF THE 
FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

BEC NO.

							REG. NO.						
(TYPE OR PRINT)			MIDDLE		AST		E OF DEATH MO		YEAR	2b. HOU	2		
	Nanc		nmn	_	minaro		ept. 8, 19			4:1	- /		
3 SEX	1.	4 RACE		S. DATE C		6 AGE	(IN YEARS LAST BIRTHD		MONTHS DATS HOURS		24 HRS		
Fema	gre	White		1	14, 1894	91		YRS					
a. BIRTHPLACE	STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8			NEVER MARRIED	9 BALTI	9 BALTIMORE CITY OR COUNTY OF DEATH						
"Italy	7	USA		WIDOWE			Montgomery						
O CITY OR TO	WN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION		120 USUAL OCCUPATION			12b. KIND OF BUSINESS OR			
Silver S	Shring	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Carriage Hill Nursing			g Home	(TYPE OF	housewif	ORKING LIFE)	INDUSTRY home				
	ICE (IF NURSING HOME O	1			g Home		Housewill		110111				
13a. STATE	134 COU	NTY	13c CITY OR TOW	/N	13d. INSIDE CITY LIMITS		ET ADDRESS / Z	IP CODE_					
Maryla		tgomery	Rockvill	е	YES 🗶 NO 🗌		201 Trail	way D	rive 2	0853			
14 FATHER'S NA	ST.	WIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	WIDDIE		1.65				
	Dominic		Fragomer	ni	Mary		Rose		Gatto				
160 WAS DECE	ASED EVER IN U.S. AF		166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRESS						
NO OR UN	(IF YES, GI	VE WAR OR DATES)	215 54	54 7422 Rose T. Hailey same as 13e									
									APPROV	MATE INTER	PV/AI		
PART	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  OUT OF A CAUSED WAS												
2 - 2	IMMEDIATE CAUSE (a) CONTROL OF CO												
8 1		DUE TO O	R AS A CONSEQUI	ENCE OF	0 0	٧.	1-1						
Conditio	ns, if any, which		cardia	c dr	thy fluid	as in	1 HSH	1 -					
gave ri	se to immediate	(b)_	0-0-00,00	0 001	1						_		
couse underlyi	ol, stating the		R AS A CONSEQUE	ENACE OF	dia bi	. 10		10					
onderly	3(1)	((c)	recliner	x a	in ration	a fru	evellon	10					
	PAT 2 OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT TO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110												
SIO. ACCID	paresis Righthemitace - lugemille lelisalgra								- 070	He -	-		
4 18g DATE	OF OPERATION		ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a A		Ob. IF YES, V					
E						vec 5		N CERTIFYIN	G CAUSES		_		
A	ENT WAS UNDERLYING	7 21b. TIME O	E INTUIDY		121- HOW INTURY OF	YES [		YES [		NO [			
00.501/10	BUTING CAUSE OF DE		M. MONTH D	AY YEAR	21c. HOW INJURY OCC	CURRED (ENTE	R NATURE OF INJURY IN	NITEM 18 PART	I OR PART 2)				
4	NOTIFY MEDICAL EXAMINE	AID		19									
21d. INJU	RY OCCURRED	21e. PLACE			21f. LOCATION				4.00 miles	100			
WHILE AT WORK	NOT WHILE	(AT HOME STE	REET, FACTORY, OFFICE, F	FARM ETC )	STREET		CITY OR TOWN	10	COUNTY	2	TATE		
				100	1		A 27	the	16	_			
	ify that (1) This hosp	. 3-4 (/ . )	C74 = 1	198		, to	1104 61	. 19.		that (l) (			
	the deceased alive or			(2, an	d that in (my) (aur) apir	nion death occ	urred an the date	and hour a	nd from the	couses sto	sted		
22h SIGN			2	7	DEGREE		71270		THE DAME	SIGNED			
	ATTENDING MEDICAL STAFF										1		
-	JUMOU	1. 14	MANUM	VV	PHYSICIAI	N DIRECT	FOR PHYSICIAL	N	17/8	100	1		
	22d. PHYSICIAN'S NAME IMPORTED 22e ADDRESS									/			
J	oseph M. S	olinas			9801 Geor	gia Ave	. Silver	Spring	g, Md.	209	02		
			Lagra	NAME OF C	EMETERY OR CREMATO		OCATION						
(SPECI <b>BU</b>	EMATION, REMOVAL	9/11/	86	Cato o	f Heaven Ce	m of harry		Consta	QUNTY TO IT O	mr.108	TAY		
						metery	Silver	ohrin	g, wa	ryrai	10		
24 FUNERAL DI	Rockville F	Thoolon 1	Funeral II	omo	Tno. 250.	DATE REC'D.	BY REGISTRAR 256	REGISTRA	R'S SIGNAT	URE			
1 2 21	Pooleville T	like Pos	runerar H	ome,	20852	SEP 1	1986	May Devi	11/2011	sulpra top	-		
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR:

ATTENDING

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00-	19591	- STATE REGISTRAR			DICAL EXAMINI		ERTIFICATE C	_	REG. N	Die .	1.4.	1
0 0	13331	1. DECEASED NA			WIDDLE	U	AST	20 DA	E KNOWN F		DAY YEAR	26. HOUR
	ET,	[TIPE OK PRINT)	SCOTT		В.	VA	AILL		E211-	9 21	0.0	N
	PLEASE RECTOR. LR FILES. HOURS STREET,	3 SEX	A	DATE OF BIRTH	6 AGE (IN YEAR LAST BIRTHDA				ATE DUNCED	MÖNTH	DAY YEAR	2d HOUR
	A SECTION	Male 7g BIRTHPLACE	Caucasian	AUG 15,	1967 19 YR	S.		DE	AD	9 21	1 1986	上: 其/~
-	SE S	FOREIGN COUNT	RY)		HAT COUNTRY?		D NEVER MARR	IED W	TIMORE CITY	_		
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			CEASED NAME FI	IRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
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po po		3. SE		-	ACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
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P.A., 7557 Wisconsin Ave. Bethesda, Maryland

(VRA 15, 4)

STATE OF MARYLAND

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The State of 
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED LUCILLE VESTERMARK Jeanette 9-24-8619 4. RACE DATE OF BIRTH 6. AGE (IN YEARS 2c. DATE AND 3 TO THE FUNERAL DIRECTAIN PAGE 5 FOR YOUR HOULD BE FILED, WITHIN 72 H PRONOUNCED Female Cauc. Nov. 5,1904 81 DEAD 9-24-8619 8:50a To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Iowa United States WIDOWED V DIVORCED Montgomery County ID. CITY OR TOWN OF DEATH USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS PUBLITERY 8615 Irvington Avenue Educator Bethesda Schools 13a. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 20817 Montgomery Bethesda Maryland 8615 Irvington Avenue 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, M PM LAST FIRST Arthur Bartlett Allen Burbeck Lillian S AFTER DEA GIVE PAGES THE FORM B 166 SOCIAL SECURITY NO 17. INFORMANT #13 216-38-6232 No Seymour D. Vestermark, Jr. same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ALONG W PART I DEATH WAS CAUSED BY Meck injury DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 4 CERTIFICATION 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? NT OF HE BURIAL, HEALCHEST) YES NO DEPARTMENT ICATE, WRITING THE WC FORWARDED TO THE TOP: PAGE 3 SHOULD B 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOOR
CONTRIBUTING CAUSE OF DEATH 8:20am 9-24-86 subject fell down steps 21e PLACE OF INJURY (ATHOME. 214 INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITING ASCENSION OF A SHOULD BE FORWARDED TO FUNER AL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) 8615 Irvington St. WHILE AT WORK basement Bethesda, Maryland 220 | Certify that I taok charge of the remains (HEAD alAND) elCHESTA topsy K Inspection Inquiry and in my opinion Accident X Suicide Homicide Undetermined manner Natural causes TITLE (SPECIFY) Assistant 9-24-86 EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn St., Balto.. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Arlington, Arlington National Burial Virginia 07/84 74. FUNERAL DIRECTOR Obert A. Pumphrey Funeral Homes 150. DCFC D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 7557 Wisconsin Ave. Bethesda, MD 20814 PA 25M **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND

7557 Wisconsin Ave. Bethesda, Maryland 20814

(VRA 15, 4)

17000	1	FOR - STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		26551
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1 0/16	)	FIRST	DDLE LAST	FIRST	WIDDIE	LAST
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DR A DIRECTOR A DEPT.		obove, (1) (we) (did) (did not) 27b. SIGNATURE	view the body after death.	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF  MEDICAL PHYSICIA	22c. DATE SIGNED
FUNEFUNEFUNEFUNE STAR		122d PHYSICIAN'S NAME (TYPE OR)	Alpert, N	220. ADDRESS 863	O FENTON OR SPAIN	57
should with	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP		(SPECIFY)	Count 6 6	Dath Davis	O a alone i P. P. a	COUNTY STATE
	24 F	UNERAL DIRECTOR.	sept. 8, 88	Parklawn 250. DA	TE REC'D. BY REGISTRAR 251	Montgomery Md.  REGISTRAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR Francis	J. Collins, poored	L.		rusa laudin - Gardalle
(VKA TS, 4)	5	00 University Blu	ed. West, Silve	er Spring, Md. 2090	SEP 1 5 1986	

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Š Š	d End o	Ğ.	19a. DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	PSY? 20b. IF	YES, WERE FINDINGS RTIFYING CAUSES OF	USED DEATH?
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH DECEASED NAME YEAR 7h HOUR Wassmann (TYPE OR PRINT) Henry poge assmand 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS Male Caucasian June 6. 1893 To. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Wash. UAA WIDOWED DIVORCED | Montgomerv 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a USUAL OCCUPATION 17b. KIND OF BUSINESS OR Washington Adventist Hosp. (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Takoma Park Machinist-Navv Gun Factory USUAL RESIDENCE (IF NURS TO DOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) G. Hyattsville 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Maryland 2109 Charleston Place, 20783 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Katherine Henry Wassmann Nau 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16b SOCIAL SECURITY NO NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST Paul A. Wassmann-Same as items #13 213-48-614 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) / hroubs C's Conditions, if any, which gove rise to immediate couse (o), stating underlying couse CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [] 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR (IF FITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY OFFICE FARM, ETC.) CITY OR TOWN COUNTY STATE NO! WHILE 22a.1 certify that (1) (this hospital) attended the deceased fram. saw the deceosed alive an. and that in (my) (core) opinion death occurred an the date and haur and from the causes stated above, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN WPORTANT: 22 ADDRESS should be with the S ENNWALI 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 9/17/86 Cedar Hill Cemetery Suitland, P.G.Co., Burial 250. GATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Takomass Funeral Home DHMH - 16 60M 7/B4 (VRA 15, 4)

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nay be page 3	17	PAVID T	HOMAS WEI	GER	SEPTEMBER	9.1986 4AN
aoy Poge	a. SE	X	4 RACE 5. DATE OF 8 IF		6. AGE (IN YEARS LAST BIRTHDAY)	UNDER 1 YEAR IF UNDER 24 HRS
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b re for		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OT	74	Montgomery 120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
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ON STREET		ryland Monte		LINSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	
A A		ATHER'S NAME		MOTHER'S MAIDEN NAM	3820 Tynewick	Drive 20906
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OR ATTEN OR ATTEN DIRECTOR Sched for up Dept. of H		22b. SIGNATURE	t) view the body after death.  DEGR	REE		THE DATE SIGNED
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(410 13, 4)	154	10 University Bl	Pud. W. Silver Spring.	Md. OE	P.151986 Islian	Deindson-Gandalle

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: 10 185		Rockville	Shack	HOSPITAL, NURSING CHARGITY, GIVE STREET.	ADDRESS)	ROTHER INST	HOSO.	(TYPE OF WORK FOR MOS Cashie	ST OF WORKING L	LIFE) INDUST	nt Food	OR
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NG PHYSICIAN: The low requires the other dings physicion.  Ther this certificate hos been signed it on sithe buriol-tronsit permit. Then plea to an Amenial Hygiene prior to buriol, orked of them 18 shows any injury, or onked of them 18 shows any injury, or other permits the properties of the plant of the properties of the plant of the properties of the plant of the p	CERTIFICATION	PART 2. OTHER SIGNIFICA		ONTRIBUTING TO D	1			200 AUTOPSY?	20b. IF YE	ES, WERE FIN	T 110 VDINGS USED SES OF DEATH?	?
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TO HOSPITAL TO FUNERAL should be det with the State		L. MAR	TYRES			SUIT	€ 208	N. EDME ROCKU	ILLE	Ma	208	52
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6	3. SEX	male	4. RAC	"AUC AGHA	Jan	H DAY YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR MONTHS DAY YRS.	
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3	USU A 13a S	AL RESIDENCE (IF NURS	13b COUNTY Montoge	ritution, give residence by Rockvi		13d. INSIDE CITY LIMITS? YES X NO	6121 Montr	ZIP CODE	20
5	14 FA	THER'S NAME	MIDDLE	Wende	1	Blossom	WIDDLE	Unknown	AST
7		VAS DECEASED EVER	IN U.S. ARMED F	R DATES)	SECURITY NO	17 INFORMANT Mr.			
		YES, NO OR UNKNOWN)		068-10	-9097	840 New Ham	pshireAV NW	Washington	. DC
33		Conditions, if any gave rise to improve (a), statuunderlying cause	, which mediate ng the lost	UE TO, OR AS A CONSE  (b)	GUENCE OF		INAL DISEASE OR CONF	DITION GIVEN IN PART	lia
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7806	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	20301
• w=	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
oy be	EILEEN EILEEN	M ¬	WENDRICH	SEPTEMBER 07.	1986 6:16AM
ge 4 moy ector, pog rs ofter de	FEMALE	White	5. DATE OF BIRTH  MONTH  DAY  YEAR  JUNE 07. 1917	6 AGE (IN YEARS LAST BIRTHDAY)  69 YRS	FUNDER I YEAR IF UNDER 24 HRS
Poor Hou	78. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY OR COUN	
Jeoth Jeoth Jeron Jeron	New York	U.S.A.	WIDOWEXX DIVORCED	MONTGOMERY COL	JNTY
by the fulled with	OLNEY	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR MONTGOMERY GEN		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	126 KIND OF BUSINESS OF
within 24 hour letely filled in 1 d 2 should be f	USUAL RESIDENCE (IF NURSING HO) 130. STATE 13b. C 14 FATHER'S NAME FIRST	ME OR OTHER INSTITUTION GIVE RESIDENCE BEI OUNTY 13c. CITY OR TO NEGOTION ROCKY MIDDLE 1451	ORE ADMISSION   DWN   13d INSIDE CITY LIMITS?  71   P	13e STREET ADDRESS 5124 Russett	
ond comp Poges Tap	160 WAS DECEASED EVER IN U.S	ARMED FORCES? 160 SOCIAL SE	en Eva	Agnes S	St Dennis Rockville, N
be exec	NO -	138-09	9-4714 Brian Wend	rich (son)	20853
physics on poper emovol.	PART I. DEATH WAS CA	er only one couse per line for (o), (b), NUSED BY DIATE CAUSE (o) Cardes	ordicitions area	£	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
res that the death yned by the ottend n please remove co surral, cremotion, o	Conditions, if ony, which gove rise to immediate couse lot, stating the underlying couse lost  PART 2 OTHER SIGNIFICA	DUE TO, OR AS A CONSEC		nnal disease or condition c	6 Kours
the low requirence ion.  thos been significant. Therefore to be now only injury.	Metastate 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	adenocarcinona	CIVILOUIS CHOPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \text{NO} \)
SICIAN: The physicion certificate h riol-transit pental Hygier tem 18 shov	OR CONTRIBUTION TO CHUSE O	F DEATH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM II	3 PART I OR PART 2)
ING PHYSI r offending Wher this co os the burn ith and Mee orked or In	VIFETHER NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED  WHILE AT WORK AT WORK	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
Spirol o CTOR: A I for use of Heol	sow the deceased alive	e on	86, and that in (my) (our) opinion	, to	
HOSPITAL OR A mined by the ho FUNERAL DIRE.	22d. P. WSICIAN'S NAME	H. Frdish,	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 9/7/86
TO HOSPITAL retoined by th TO FUNERAL should be dete with the Stote IMPORTANT:	238 BURIAL, CREMATION, REMO		MD 2901 OCA	EY-SANDY SPRI	NG RD, OLNEY
BP	Burial  Burial	23b. DATE 23 9/11/86 P	anklawn Mem. Par	Rockville.	Maryland STATE
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		FOR			TE OF MARYLAND HEALTH AND MENTAL HY	GIENE & O	26563
0001	1 - 3	STATE REGISTRAR		CERTI	FICATE OF DEATH	REG. NO.	
9861		ASED NAME FIRST		MIDDLE	LAST	20. DATE OF DEATH MON	
y be oge 3 deoth	IT PEO	Leano		B WE	PROOF	19-28-	86 GOM
moy .	3 SEX	/	4. RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN.
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	CO	HPLACE (STATE OR FOREIGN		WHAT COUNTRY? 8. MARRI	ED ENEVER MARRIED	9 BALTIMORE CITY OR C	
		nesota		States   WIDOW		Montgomery	MU.
ofter	Silv	ortown of Death oer Spring	Holy	HOSPITAL, NURSING HOME ICH FACILITY, GIVE STREET ADDRESS) Cross Hospital		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Secretary	
filled hould b	Mary	rland   Mont		n give residence before Admission 131. CITY OR TOWN Bethesda	YES NO S		m Rd., / 20817
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de de la		Henning		Carlson	Freda		Vaberfeldt
n ond or Poges		AS DECEASED EVER IN U.S. AS NO OR UNKNOWN) (IF YES, O	RMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
be e	no			468 01 3894	Carney S. We	erner, see #13	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the deoth certifus by the attending phase remove corbonp cremoton or remother froumotic ever		Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse lost.  RMEDI  Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse lost.	DUE TO, (b)_	DR AS A CONSEQUENCE OF A neumonal DR AS A CONSEQUENCE OF A MENO Schin			
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icote hos been ronsit permit. The Hygiene prior thygiene prior the Hygiene prior the	CERTIFICATION	PART 2 OTHER SIGNIFICAN	19b CONI	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM LIA TO MED ON WAS PERFORMED  216 HOW INJURY OCCUP	200 AUTOPSY? 20 IN	IF YES, WERE FINDINGS USED  CERTIFYING CAUSES OF DEATH?  YES \( \text{NO} \)
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AL OR ATTENDING PHYSICIAN: The low rectifie hospitol or otherding physicion.  AL DIRECTOR: After this certificate has been letached for use as the buriol-tronsit permit Tiste Dept. of Health and Mental Hygiene prior tist	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN'  Pa DATE OF OPERATION  Pa DATE OF OPERATION  Pa CONTRIBUTING CAUSE OF CAUSE O	19b. CONI  19b. CONI  21b. TIME HOUR A  21e. PLACE (AT HOME S  pitol) oftended to construct the bod  CORPRINT)	OF INJURY  A.M. MONTH DAY YEAR  P.M. 19  E OF INJURY  ITREET, FACTORY, OFFICE, FARM, ETC.)  The deceased from 19  y ofter death.	IT NOT RELATED TO THE TERMINATION WAS PERFORMED  211 LOCATION STREET  211 LOCATION (OUT) OPINIOR  DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY? 200 IN YES NO IN NOTICE OF INJURY IN CITY OR TOWN	COUNTY STATE  COUNTY STATE  COUNTY STATE  22c. DATE SIGNED  Sept 29,1986
OSPITAL OR ATTENDING PHYSICIAN: The low ree ed by the hospitol or otherding physicion. UNERAL DIRECTOR. After this certificote hos been id be detoched for use os the burioltronsit permit the Stote Dept. of Heolih and Mental Hygiene prior to REANT: If them 21 is morked or item 18 shows ony in	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN'  OR DATE OF OPERATION  OR CONTRIBUTING CAUSE OF CHE EITHER, NOTHEY MEDICAL EXAMINATION  OR CONTRIBUTING CAUSE OF CHE EITHER, NOTHEY MEDICAL EXAMINATION  ON COUNTRIBUTING CAUSE OF CHE EITHER, NOTHEY MEDICAL EXAMINATION  ON COUNTRIBUTING CAUSE OF CHE EITHER, NOTHEY MEDICAL EXAMINATION  ON COUNTRIBUTING CAUSE OF CHE EITHER CAUSE  ON COUNTRIBUTING CAUSE OF CAUSE  ON COUNTRIBUTING  ON COUNTRIBU	19b. CONI  19b. CONI  21b. TIME HOUR A  18R  21e. PLACE (AT HOME S  pitol) attended to not i view the bod  CON PRINT)	OF INJURY A.M. MONTH DAY YEAR P.M. 19 E OF INJURY ITEET, FACTORY OFFICE, FARM, ETC.) The deceased from 19 y ofter death.	IT NOT RELATED TO THE TERMINATION WAS PERFORMED  211 LOCATION STREET  211 LOCATION STREET  212 ADDRESS  226 ADDRESS  CEMETERY OR CREMATORY	200 AUTOPSY?  YES NO	COUNTY STATE  COUNTY STATE  COUNTY STATE  122. DATE SIGNED  Sept 29,1986

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN 1 - STATE 00-20024 MEDICAL EXAMINER REGISTRAR REG. NO I. DECEASED NAME DATE KNOWN LYANE OR SHIRLD DEATH MATED 4 RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR DATE 11 7a BIRTHPLACE (STATE OR 9. BALTIMORE CITY OF COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED Tennessee U.S.A. WIDOWED macv 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION STYPE OF A 176 KIND OF BUSINESS Fed. Fed. Gov! Fed. Gov't. 20910 Ja STATE 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Cain Lucinda White Mary Robert 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO 3511 Terrier Lane (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 410-09-8963 Edna Marion No Louisville, Kentucky 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) A CONSEQUENCE OF DUE TO, OR AS Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOTE 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy ond in my opinion Inquiry death resulted from: Natural couses Homicide Undetermined monner TITLE (SPECIFY) **ACTUAL** SIGNATUR John S. Rogers 1919 Seminary Rd. Silver Spring. Md. TUPE OR PRINT 230 BURIAL, CREMATION, REMOVAL THE DATE 23d. LOCATION 23r. NAME OF CEMETERY OR CREMATOR COUNTY STATE Burial Monte Vista Cemetery Johnson City 07/B4 25M ADDRESS 6160 Oxon Hill Rd. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR DHMH - 17 George P. Kalas Funeral Home Oxon Hill. Md. 1988 June Haydom Gardelle (VR A15 ME (5))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME TO DATE KNOWN X MONTH 26 HOUR (TYPE OR PRINT) Clark Martha Wilkinson DEATH MATED Sept 121986 : 45 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. 3 SEX IF UNDER 24 HRS. 2d HOUR DATE PRONOUNCED DEAD Sept.12, 4:45 Female Oct. 25, 1919 86 Cauc. 66 Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7a SIRTHPLACE (STATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRY! United States WIDOWED [ Virginia DIVORCED Montgomery County ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Kensington 3608 Sandy Court Registered Nurse Nursing USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STATE 13b. COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS Maryland Montgomery Kensington Sandy Court/20895 3608 YES X NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Clark Gardner Lucy Tobe THOMAS P. Wilkinson ADDRES 1600 S. Eads ST. Arlington, VA. 22202 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) 224-52-2162 Yes WW II 18 CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ANDIORESPIRAS HCNTI IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which ARCINOMA TOS gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. RCINOM PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] NO Z 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 11 LOCATION 71e PLACE OF INJURY NOT WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy TO MEDICAL EXAMINE
EXECUTE THE CERTIFIC
PAGE 4 SHOULD BE IN
TO FUNERAL DIRECTO
AFTER DEATH WITH THE
BALTIMORE, MARYLAN death resulted from: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE DATE 9/12/86 Deputy MEDICAL EXAMINER 8200 Wisconsin Avenue Bethesda, Maryland 20814 EXAMINER'S NAME Francis C. Mayle, M.D. ADDRESS 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY cremation Sept.14,1986 Metropolitan Crematory Alexandria 07/84 PA 300 W. Montgomery Av., Rockville, Md. 25M 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5)) الما المؤلفات و دروي الما الما الما الما الما الما الما

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STATE OF MAR LAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2n DATE OF DEATH 1. DECEASED NAME 2b. HOUR LIVEE OF PRINTS 7712 4 RACE 6. AGE TIN YEARS LAST BIRTHDAY IF UNDER LYFAR IF UNDER 24 HRS I. SEX Male 1926 Caucasian Feb. 6. 60 To. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Pennsylvania United States | WIDOWED | Montgomery County 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRYCOUNT Rockville Government USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13r CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 113d INSIDE CITY LIMITS? 12907 Parkland Drive/20853 Montgomery Rockville YES X Maryland NO [ 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Williams MIDDLE Brock Helen John R. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 179-20-0332 Yes WW II Josephine S. Williams, same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Myocardial Dutaction, CARDIACHLASS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF WRIERY DISIEMSF DROW BRY Canditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. LUNG DISEASE CERTIFICATION SORHAGEAL DRSSRUCTIVE ARCINOMA RONIC 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO F NO 214 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d INJURY OCCURRED 71e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE AT WORK Sept 22a. I certify that (1) (this hospital) attended the deceased from\_ July 26. and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated saw the deceased alive-ag ... abave, (1) (we) (did) (did not) view the bady after death, 22b. SIGNATINE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL old be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22d PHYSICIAN 5 NAME (1911 OR PRINT) SUMMIT 0500 DROBIS 20895 Shoul with 15-NSINGTON 410. 23d. LOCATION 23a. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Sept 1986 Burial Laurelwood Cemetery Stroudsburg, PA 24 FUNERAL DIRECTO Robert A. Pumphrey Funeral Home's DATE REC'D. BY REGISTRAR 25 D. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 5 was David 300 West Montgomery Ave. Rockville, MD PA (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MONTH L DECEASED NAME (TYPE OR PRINT) Mildred Ruth 4. RACE A AGE (IN YEARS LAST BIRTHDAY) HOURS White MONTH YEAR emale 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MarvTand U.S.A. Montgomery County WIDOWEDK 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 17h KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH Supervisor INDUSTRY. Washington Adventist Hospital Takoma Park 113d. INSIDE CITY LIMITS? 3800 Hamilton Street #2 Hvattsville Maryland 20781 15. MOTHER'S MAIDEN NAME I FATHER'S NAME MIDDLE MIDDLE Walker D. Boteler Hattie Edward ADDRESS 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? George F. Boteler (Brother) Same as #13 577-07-0087 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY SMALL CELL LUNG OMICAL DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h JE YES, WERE FINDINGS LISED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES  $\square$ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71m ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER, NOTIFY MEDICAL EXAMINER) 211. LOCATION 21e. PLACE OF INJURY 21d INJURY OCCURRED COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the ecceosed all a above, (1) (we) (did) (did no and that in (my) (aur) apinian death occurred on the date and haur and from the causes stated iew the body after death 22c. DATE SIGNED DEGREE 22b. SIGNATURE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [ 22e ADDRESS 27d. PHYSICIAN'S NAME (TYPE OR PRINT) CRT 14800 PHYSIGAMS BOCCIA 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE 09/04/86 Buria1 Fort Lincoln Cemetery Brentwood P.G. Maryland 25a, DATE REC'D, BY REGISTRAR 25b, REGISTRAR'S SIGNATURE Francis Gusch's Sons Funeral Home, P.A. DHMH - 16 60M 7/84 4739 Baltimore Avenue Hyattsville, Md. 20781. (VRA 15, 4)

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		1	STATE OF MARYLAND
		1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE, O 2 0 0 0
00	1707.		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
00-	1/8/1		CEASED NAME FIRST MIDDLE : LAST , 20 DATE KNOWN 300 MONTH DAY YEAR MODE.
	Thursday Mark	(TYF	OF ESTE
	HEES		Caitlin Brook Wikson DEATH MATED Jaget 20 70
	PLEAS BETTO R FILE HOUR STREET	3. SEX	4. RACE S DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2t. DATE MONTH DAY YEAR LAST BIRTHDAY) MODERS DAYS HOURS MIN PRONOUNCED
	OUR PARE	-	1- W Feh 22-86 - YRS. 6 16 DEAD SEAN. 120 FO BM
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Me	E-500	141 F/	ATHER'S NAME  MIDDLE  MIDDLE  MIDDLE  LAST
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Q	- 10 N -	16a \	VAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS.
BALTIMORE,	S AFTER I GIVE PACITH FOR PAGES I	{Y	ES, NO, OF YNKNOWN) (IF YES, GIVE WAR OR DATES)  Scott D. Wiken Same as 13
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0	A SECTION OF THE SECT	8	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY UNDERLYING OR 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
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ISI	CRTIFICATE SHOULD ISTING THE WORD "PEN RDED TO THE CHIEF M RES SHOULD BE USED A EDEPARTMENT OF HEAD OF PRIOR TO BURIAL, C	MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOMS 21 LOCATION
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	E THIS CE RWARDE PAGE 3 STATE DI 7, 21201 I		AT WORK — AT WORK —
	ATE, WRITING ATE, WRITING FORWARDED OR: PAGE 3 FOR STATE DEP		22a. I certify that I took charge of the remains described above, held on Autopsy . Inspection Inquiry . and in my opinion
	ZSTEEZ		death resulted from Natural couses Accident Suicide . Homicide . Undetermined monner .
	A STATE OF S		
	₩##		ACTUAL SPECIFY)  DATE C 13 12 12
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	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNETAL DIRECTOR: PA AFTER DEATH WITH THE STI BALTIMORE, MARYLAND, 2	-	EXAMPLES NAME  [TREE OR PRINT]  ADDRESS
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07/84 25M	BP	24 F	UNFRAL DIRECTOR
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00-	19942	1 -	STATE REGISTRAR				CATE OF DEATH	REG. NO.	
			EASED NAME FIRST		MIDDLE	L/	ist	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	e e e e	(TYPE	OF PRINT)	HR L	C.		DUSON	9-3	0-86 C615m
	tor, page 3 after death	3. SEX		4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	ge 4		Male	Caucasi	an	June	30, 1928 YEAR	58 YRS	
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examine /	14. FA	THER'S NAME FIRST  ALDUS WIR	MIDDLE LAST		5. MOTHER'S MAIDEN NAME FIRST ELLA	NAOMI MCFAI		LAST
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been signed by the ortending mit. Then please remove corb prior to buriol, cremotion, or only injury, or other froumotic.	ATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO	DEATH BUT N		INAL DISEASE OR CONI	DITION GIVEN IN PART	
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of Healt		sow the deceased alive or above (1) (we) (did) (did no	SEPTEMBER 3 19	86_, onc	that in (my) (our) opinion o	, to <u>SEPTEMB</u> deoth occurred on the do	ate and hour and Irom t	
III Depi		Frotar C	7	D	ATTENDING PHYSICIAN	MEDICAL STAR	F 20	EP86
MPORTA!		G. A. CALLEJA				L HOSPITAL ESDA, MD 208	814-5011	
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N ST., BAL certificate ng physici banpoper removal.		PART I. DEATH WAS CAUSE	E CAUSE 10)	ac arrest		Imorrellatt
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours catending physician.  Viter this certificate has been signed by the attending physician and completely, filled in by as the burial-transit permit. Then please remove carbonoppers, Pages 2 and 2 should be fill the ond Mental Hygiene prior to burial, cremation, or removal.  Onked at them 18 shows any injury, or ather traumatic event, the medical examiner must be in the content of the co		Conditions, if any, which gave rise to immediate cause Io1, stating the underlying cause last.	b) HOAL	Encephaloputh	y	INGEK
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he law rangon.  hos been if permit iene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
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ITAL OR by the hory the hory the hory tare Deptherent the Depthere		226. SIGNATURE		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	DATE SIGNED
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BP	L	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	9-8-86	NAME OF CEMETERY OR CREMATOR Allen Chapel Ce	m. Wheaton,	Montgomery, MD
DHMH - 16 60M 7/84 (VRA 15, 4)		eorge R. Snot	246 N. wden RockWil		EP 1 986 Julia	SISTRAR'S SIGNATURE Sunday. Randay

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m .c		CEASED NAME	FIRST		MIDDLE		LAST		2a. DATE OF DE	ATH MONTH	H DA	YEAR	26 HOUR
y be	K	R	Ruth	Eliz	zabeth	Wyatt			Sept	ember	18	1986	10:52 R.
E 4 V	1 SE	X		I. RACE		5. DATE (		YEAR	6. AGE (IN YEARS	LAST BIRTHDAY)		FUNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
Page directo		Female		Caucas		8	B DAY	16	70		YRS.		
deoth. Po		IRTHPLACE (STATE OR FI	OREIGN 7		WHAT COUNTRY?	8. MARRIE	D NEVER	MARRIED .	9 BALTIMORE			OF DEATH	
1 /0		S. Dakota		U.S.A.		WIDOW	ED DI	VORCED [	Montg	omery	4		MD.
, QC	Ro	ITY OR TOWN OF DEA OCKVILLE		4423 F	HOSPITAL, NURSIN CH FACILITY, GIVE STREET RENN Stre	et et	OR OTHER INS	TITUTION	120 USUAL OCC (TYPE OF WORK FOR Credit	MOST OF WORK	SOT	126. KIND O INDUSTRY Search	SF BUSINESS OR
(FRAS)		AL RESIDENCE (IF NURSI STATE Md.	13b. COUNT	other institution by gomery	130. CITY OR TOW ROCKUL		13d. INSIDE C	ITY LIMITS?	13e.STREET ADD	ress / zip 2nn St	code	t	20853
14/	14. F/	ATHER'S NAME		NIDDLE				S MAIDEN NA		DDLE .		LAS	SI .
\$ (D)		Charles	Edw	un	Carlson			ristin		izabet	h	Lea	nder
s. Pages e medico		NAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	482-12-		Wayne	~J1	on sa	address ne as	#13		IMATE INTERVAL ONSET AND DEATH
n signed by the after Then please remaver r to burial, cremation injury, or other traun	NOI	Conditions, if ony, gove rise to imm couse (o), stoting underlying couse	g the lost.	(c)_	R AS A CONSEOU		NOT RELATED	TO THE TERM	INAL DISEASE OI	R CONDITION	N GIVER	N IN PART TIE	D
has been t permit. ene prior aws ony i	CERTIFICATION	19a. DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPS	? 20b.	IF YES, YES	WERE FINDIN	NGS USED OF DEATH?
burial-transil Mental Hygi or Item 18 sh	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEAT	Ρ.	M. MONTH D. M.	AY YEAR	21c. HOW IN	JURY OCCURI	ED (ENTER NATURE	OF INJURY IN ITE	EM 18 PAR	T 1 OR PART 2)	
the bu	WED	21d. INJURY OCCURR		21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, I	ARM, ETC )	TH LOCATE	314	CI	Y OR TOWN		COUNTY	STATE
far use as t of Health a 21 is marke		WHILE AT WORK  220.1 certify that (I)  sow the decease obove, (I) (we) (d	(this hospital		e deceased from	10g	nd that in (my)	19	, to	the date on	, 19	ond from the	that (I) (we) last causes stated
RAL DIREC detached late Dept. NT: If Item		22b. SIGNATURE	M	had	1		11	-	MEDICAL DIRECTOR	STAFF PHYSICIAN [		Sept.	SIGNED . 19, 198
TO FUNERAL IS should be deto with the State IMPORTANT: If		Fred Smia	-	D.			22e. ADDRES		Ave.N.W	., Was	hing	gton, i	D.C.2001
p ⊢ 2 3 ₹		BURIAL, CREMATION, I	REMOVAL	23b. DATE			EMETERY OR	CREMATORY	23d LOCATIO	N			
		J. CCII II							CITY OR I	NWC		COUNTY	STATE
P		Burial UNERAL DIRECTOR	-	Sept.	. 22, \$6 Collins, J	Park	lawn	1	Rocku E REC'D. BY REGI			ntgome	

Hill of the German Windows

10750	1.	FOR STATE REGISTRAR	DEPART		FICATE OF DEATH	REG. NO.	0 .3	, 0		
1713130		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 21	. HOUR		
toy be poge 3	(TYPE	OR PRINT)	EXIS LEANN YOUNG			SEPTEMBER 24 19		10:36 M		
a d	3. SE	X	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF	UNDER 24 HRS		
A STATE OF A	1	FEMALE	BLACK	SEPT	EMBER 24 1986	YRS.		10 8		
- 32 DI	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8.	D NEVER MARRIED	9. BALTIMORE CITY <u>OR</u> COUNTY	OF DEATH			
	1	ARYLAND	UNITED STATES	WIDOW		MONTGOMERY		MD.		
	iio C	TY OR TOWN OF DEATH BETHESDA	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE NAVAL HOST	NG HOME ( TADDRESS) PITAL	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF B INDUSTRY	USINESS OR		
MARYLAND 2120 ed within 24 for ond 2 stoold bake	13a. S	TATE 13M COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFON TO LANDOVI	RE ADMISSION) VN ER HIL		13e.STREET ADDRESS / ZIP CODE 4426 68th PLACE	2078	34		
	14. F/	CARMEN EU	GENE YOUNG		15. MOTHER'S MAIDEN NAME FIRST VAL	NESSA GOLDSMITH	LAST			
AORE, and co oges.		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SEC	URITY NO	17 INFORMANT	ADDRESS				
IMO Poge		YES, NO OR UNKNOWN) (IF YES, GIV	-	G,4426 68th PLACE, #C-5,						
ST., BALTIMORE, entiticote be execute physicion and connoppers. Pogestemovol.		PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), o D BY: TE CAUSE (o)		LANDOVER H. ALINE MEMBRANE	ILLS, MD 20784 DISEASE	APPROXIMA BETWEEN ONS	TE INTERVAL SET AND DEATH		
DIVISION OF VITAL RECORDS, 201 W. PRESTON NG PHYSICIAN: The low requires that the death cottending physicion.  Stern this certificate has been signed by the attending os the buriot-tronsst permit. Then please remove corb. The and Memal Hygiene prior to buriot, cremation, or acked at Hem 18 shows any injury, or other traumatic.		Conditions, if ony, which gove rise to immediate couse (a), storing the								
on w.		underlying couse lost.								
RDS, 2 equires n signe Then p r to bur	NO	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 110				
he low roon.  hos been the permit.  income only	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	DN WAS PERFORMED	IN CERTIF	S, WERE FINDINGS YING CAUSES OF S			
SION OF VITAL PHYSICIAN: The ending physicio this certificote the buriol-tronsit dd Mentel Hygie		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)			
DIVISION DING PHYS or attendin After this of e os the bun all and Me marked or 1	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC }	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
Spitol or CTOR: Af for use o of Health		22a I certify that (I) (this haspi sow the deceased glive on abo <u>ve,</u> (I) (we) (did) (did no	SEPTEMBER 24 19	SEPTE 86	MBER 24 19 86 and that in (my) (our) opinion of	to SEPTEMBER 24. death occurred on the date and hou	19 <u>86</u> , tho	ot (I) (we) lost Uses stated		
SPITAL OR A		22b. Signature 74 1/	adi		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	9/26	186		
HOSPITAL ined by 11 FUNERAL wold be dett h the Stofe		22d. PHYSICIAN'S NAME 1100 0	SEPREST)		22e ADDRESS NAV	AL HOSPITAL		1		
TO HOSE TO FUN should b with the		J. H. NADING,	CDR, MC, USN		BETI	HESDA, MD 20814-5	5011			
BP	23a l	SURIAL, CREMATION, REMOVAL	236. DATE LCOR US		CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE		
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	NAVAL HOSPI	TAL BETHEST	# M	D 250 DAT	E REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATUR	E		

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The wild a little are like to Figure that receiped the Committee of Lines at the American 

1170 Rockville Pike, Rockville, Maryland 20852

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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Hospital

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NO [

STATE

YES [

COUNTY

22c. DATE SIGNED

New Jersey

1986

IF UNDER 1 YEAR

INDUSTRY

